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**National Highway
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ON-SITE AIR BAG INVESTIGATION

CASE NO. - 96-19

FLEET - PRIVATE VEHICLE

LOCATION - MISSOURI

ACCIDENT DATE - [REDACTED], 1996

Submitted By:

[REDACTED]
Senior Staff Associate

and

[REDACTED]
Associate Scientist

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The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

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15. Supplementary Notes On-site air bag deployment investigation involving a 1995 Dodge Caravan SE, 3-door minivan, with manual safety belts and dual front air bags					
16. Abstract This report covers an on-site investigation of an air bag deployment crash that involved a 1995 Dodge Caravan SE, and a 1976 Ford E-250 Econoline full-size window van. This crash is of special interest because the Caravan's unrestrained, right front passenger (4 year-old male) sustained a fatal brain injury from his deploying air bag. The Caravan was traveling east-north-eastward in the eastbound lane of a two-lane, undivided, State road. The E-250 Econoline was traveling west in the westbound lane of the same State road and was attempting to turn left at an intersection. The front of the Caravan (case vehicle) impacted the front of the E-250 (vehicle #2) causing the case vehicle's driver and front right passenger supplemental restraints (air bags) to deploy. During the impact, vehicle #2's front bumper overrode the case vehicle's front bumper. After the impact, both vehicles moved slightly southeastward; the case vehicle came to rest heading east, and vehicle #2 came to rest heading south-southwest. The driver of the case vehicle (24-year-old female) was normally postured, with her seat track located in its middle position and the tilt steering wheel was located in its middle position. She was not wearing her available, active, three-point, lap and shoulder belt and sustained, according to her interview and her medical records, minor injuries which included: bilateral ankle sprains, a left knee contusion, a right knee sprain, and a small laceration to her forehead. The posture of the case vehicle's right front passenger (4-year-old male) is unknown but his seat track was located between its middle and rearmost positions, and he was not wearing his available, active, three-point, lap and shoulder belt. He sustained, according to his medical records, a critical nonanatomic brain injury, abrasions and contusions to his chin and neck, and an occipital scalp laceration. The three second seated passengers (48-year-old female--left, 5-year-old female--other, and 48-year-old male--center) were either abnormally postured or their posture is unknown. Neither the left or center second seated passengers were wearing their available, active, three-point, lap and shoulder belts. The other second seated passenger had no safety belts available. According to their medical records, they sustained, respectively: (left second seated passenger) a moderate non-anatomic brain injury, a fracture to her left distal radius, a dislocation to her left wrist, and abrasions and contusions to her left lower leg; (other second seated passenger) abrasions and contusions about her face, chest, and abdomen and a severe abrasion to her right elbow area; and (center second seated passenger) a contused chest.					
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TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-19

FLEET - PRIVATE VEHICLE
LOCATION - MISSOURI

SUMMARY

This report concerns a motor vehicle crash involving an air bag equipped 1995 Dodge Caravan SE, minivan, and a 1976 Ford E-250, Econoline, full-size window van occurring in [REDACTED] 1996 at [REDACTED] p.m., in an urban area on a State road. This crash is of special interest because the Caravan's unrestrained, right front passenger (4-year-old male) sustained a fatal brain injury from his deploying air bag.

The Caravan was traveling east-northeastward in the eastbound lane of a two-lane, undivided, State road when it impacted the E-250 Econoline which was traveling west in the westbound lane of the same, two-lane, undivided, State road and was attempting to turn left and travel south on an intersecting roadway. The crash occurred in the four-leg intersection of the two roadways. Both vehicles became stuck together after impact and moved slightly southeastward to final rest. The Caravan came to rest heading east, and the E-250 came to rest heading south-southwest.

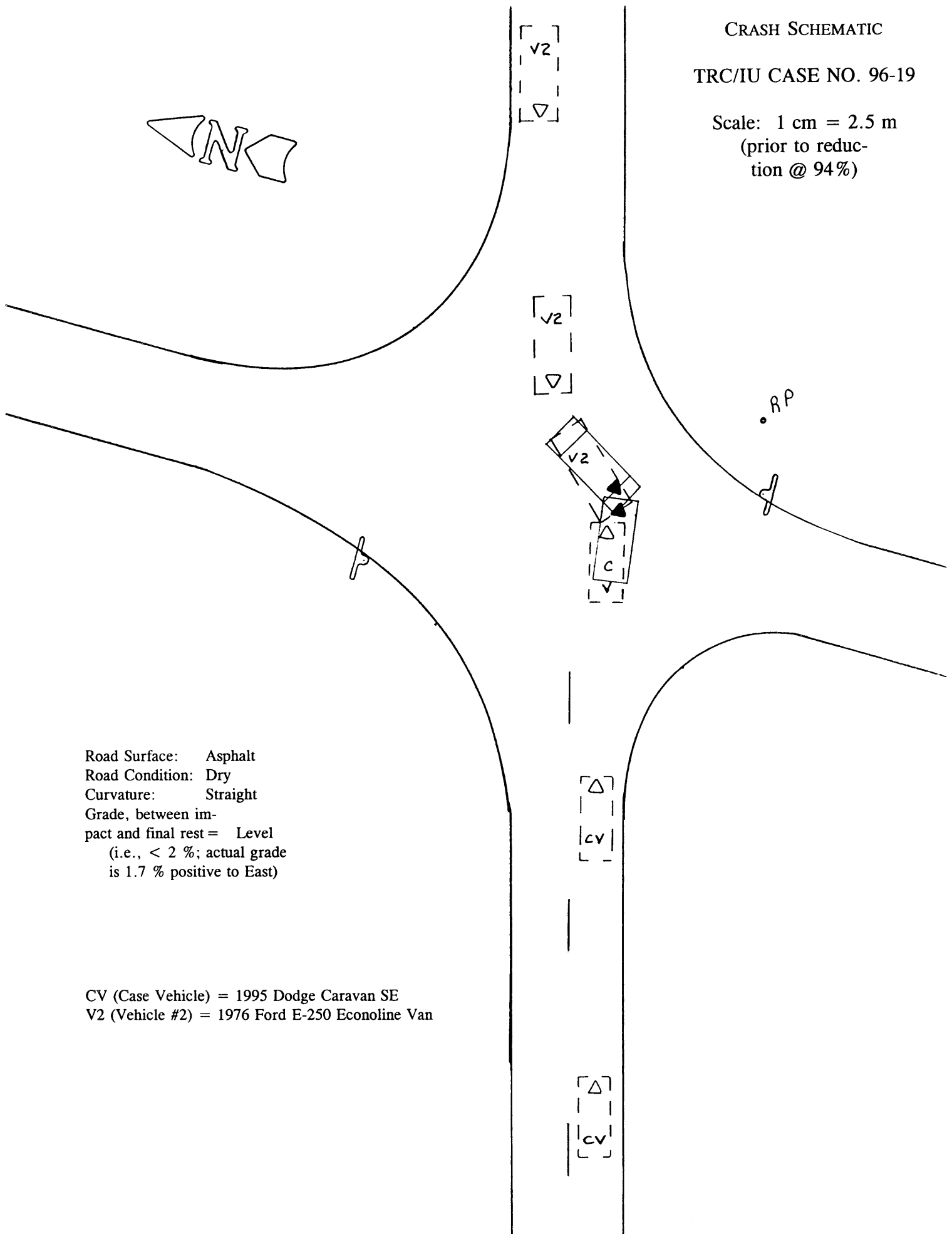
The front of the Caravan impacted the front right half of the E-250. During the impact, the E-250's front bumper overrode the Caravan's front bumper. CDCs were determined to be: **12-FDEW-3** for the Caravan and **01-FZEW-4** for the Econoline van. The Caravan and the E-250 Econoline were both towed due to damage. The SMASH reconstruction program, damage only algorithm, was used on the highest severity impact to the Caravan. The Total, Longitudinal, and Lateral Delta Vs are, respectively: **27 km.p.h. (17 m.p.h.)**, **-26 km.p.h. (-16 m.p.h.)**, and **+5 km.p.h. (+3 m.p.h.)**.

The 1995 Dodge Caravan SE was equipped with both driver and front right passenger supplemental restraint systems (air bags) which deployed as a result of the frontal impact. The driver of the Caravan (24-year-old female) was normally postured, with her seat track located in its middle position and the tilt steering wheel was located in its middle position. She was not wearing her available, active, three-point, lap and shoulder belt and sustained, according to her interview and her medical records, minor injuries which included: bilateral ankle sprains, a left knee contusion, a right knee sprain, and a small laceration to her forehead. The posture of the Caravan's right front passenger (4-year-old male) is unknown but his seat track was located between its middle and rearmost positions, and he was not wearing his available, active, three-point, lap and shoulder belt. He sustained, according to his medical records, a critical nonanatomic brain injury, abrasions and contusions to his chin and neck, and an occipital scalp laceration. The three second seated passengers (48-year-old female--left, 5-year-old female--other, and 48-year-old male--center) were either abnormally postured or their posture is unknown. Neither the left or center second seated passengers were wearing their available, active, three-point, lap and shoulder belts. The other second seated passenger had no safety belts available. According to their medical records, they sustained, respectively: **(left second seated passenger)** a moderate nonanatomic brain injury, a fracture to her left distal radius, a dislocation to her left wrist, and abrasions and contusions to her left lower leg; **(other second seated passenger)** abrasions and contusions about her face, chest, and abdomen and a severe abrasion to her right elbow area; and **(center second seated passenger)** a contused chest. The driver (43-year-old male) of the E-250 van was not wearing his available, active, three-point, lap and shoulder belt and sustained, according to the police, minor abrasions and contusions.

CRASH SCHEMATIC

TRC/IU CASE NO. 96-19

Scale: 1 cm = 2.5 m
(prior to reduction
@ 94%)



Road Surface: Asphalt
Road Condition: Dry
Curvature: Straight
Grade, between im-
pact and final rest = Level
(i.e., < 2 %; actual grade
is 1.7 % positive to East)

CV (Case Vehicle) = 1995 Dodge Caravan SE
V2 (Vehicle #2) = 1976 Ford E-250 Econoline Van

TRC/IU ON-SITE AIR BAG INVESTIGATION

TRC/IU CASE NO. 96-19

FLEET - PRIVATE VEHICLE
LOCATION - MISSOURI

CRASH DATA

Location/Street:	State Road
State:	Missouri
Area/Type:	Urban, residential
Crash Date/Time:	██████ 1996, @ ██████ p.m.
Investigating Police Agency:	City police department
Crash Type:	Minivan / Full-size van - obtuse angle
Occupant Injury Severity (air bag vehicle):	Nonanatomic brain injury [i.e., GCS=3 (AIS-5)]

AMBIENT CONDITIONS

Light Conditions:	Dark with street lights
Weather Condition:	Clear, (no clouds)
Precipitation:	None
Road Surface:	Dry
Temperature:	Low to middle 80s (degrees F) per ██████ ██████ Patrol; 77 degrees F, at ██████ Missouri weather station

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	State road	State road
Number of Travel Lanes:	Two lanes, undivided; one lane westbound, one lane eastbound	Two lanes, undivided; one lane eastbound, one lane westbound
Width:	3.3 meters (10.8 feet)	3.4 meters (11.2 feet)
Surface Type:	Bituminous	Bituminous

ROADWAY (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Median:	None	None
Shoulders:	0.6 meter (2.0 feet) asphalt shoulder on south (right) side; 0.5 meter (1.6 feet) asphalt shoulder on north (left) side	Improved (i.e., gravel) surface on north and south sides of roadway
Vertical alignment:	Straight	Straight
Horizontal alignment:	Level (i.e., actual grade is +1.7% to the east)	Level (i.e., actual grade is -1.7% to the west)
Estimated Coefficient of Friction:	.75 (.76 per investigation by Missouri State Highway Patrol)	.75 (.76 per investigation by Missouri State Highway Patrol)
Traffic Density:	No other traffic	No other traffic

TRAFFIC CONTROLS

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Signals:	None	None
Signs:	None	None
Markings:	Solid yellow, no passing, line for eastbound lane; dashed yellow line for westbound lane; no white edge lines	Dashed yellow line for westbound lane; solid yellow, no passing, line for eastbound lane; no white edge lines
Speed Limit:	56 km.p.h. (35 m.p.h.) per Police Crash Report	56 km.p.h. (35 m.p.h.) per Police Crash Report

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1995	1976
Make:	Dodge	Ford
Model:	Caravan, SE	E-250
Body Type:	Three-door minivan, seven-passengers	Three-door full-size, converted, window van, unknown passengers

VEHICLES (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
V.I.N.	2B4GH4531SR-----	E25HH-----
Color:	Green	Blue
Mileage:	111,289 kilometers (69,152 miles)	257,983 kilometers (160,303 miles)
Engine:	3.0 liters, V-6	5.8 liters, V-8
Transmission:	Four-speed automatic	Three-speed automatic
Steering:	Power-assisted, rack-and-pinion	Manual or power-assisted, recirculating ball
Brakes:	Power-assisted, front disc, rear drum	Power-assisted, front disc, rear drum
Padding:	Steering wheel and hub, "A"-pillars, sun visors, dash, and side door surfaces	"A"-pillars, sun visors, and side door surfaces
Active Restraints:	Three-point, manual, lap and shoulder belts in front and second and rear outboard seating positions; lap belt only at rear center seating positions	Three-point, manual, lap and shoulder belts in front outboard seating positions
Passive Restraints:	Factory installed driver and front right passenger supplemental restraint systems (air bags)	Not equipped
Defects:	None	None
Fleet:	Private vehicle	Private vehicle
Tow status:	Towed due to damage	Towed due to damage

VEHICLE DAMAGE

<u>EXTERIOR</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Deployment Impact</u>		
Event number:	First	First
Object Struck:	Vehicle #2	Case Vehicle
Damage location		
Damaged Plane:	Front	Front

VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)**Case Vehicle****Vehicle #2****Deployment Impact** (Continued)

Vertical Location On Plane:	Bumper and above bumper	Bumper and above bumper
Direct Begins:	From left bumper corner to right bumper corner	34 cm (13.4 in) left of center to right bumper corner
Length Direct:	154 cm (60.6 in)	125 cm (49.2 in)
Field L:	138 cm (54.3 in)	194 cm (76.4 in)
C ₁ :	28 cm (11.0 in)	0 cm (0.0 in)
C ₂ :	28 cm (11.0 in)	2 cm (0.8 in)
C ₃ :	19 cm (7.5 in)	7 cm (2.8 in)
C ₄ :	10 cm (3.9 in)	14 cm (5.5 in)
C ₅ :	0 cm (0.0 in)	6 cm (2.4 in)
C ₆ :	0 cm (0.0 in)	35 cm (13.8 in)
D:	-15 cm (-5.9 in)	+29 cm (+11.4 in)
Maximum Crush:	47 cm (18.5 in)	45 cm (17.7 in)
Location:	C ₂	C ₆
CDC:	12-FDEW-3 (-10)	01-FZEW-4 (+20)
Damaged Components:	Bumper, grille, hood, radiator, right and left headlight assemblies, right and left front fenders	Bumper, grille, hood, right and left headlight assemblies, front right fender
<u>INTERIOR</u>		
Damaged Components:	Driver and front right passenger air bag modules and windshield	Windshield and right dash
Other Evidence of Occupant Contact:	Windshield, center dash, driver and right front passenger seat backs, front right passenger air bag module's cover flap	None
Manual Restraint System Failures:	None	None
Seat Performance Failures:	None	None
<u>REPAIR</u>		
Cost Estimate:	Totaled	Totaled

VEHICLE VELOCITY ESTIMATES¹

<u>Highest Delta "V"</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Reconstruction Program:	SMASH and EDCRASH	SMASH and EDCRASH
Program Algorithm:	Damage only	Damage only
Travel Speed ¹ :	56 km.p.h. (35 m.p.h.)	32 km.p.h. (20 m.p.h.)
Total Delta "V":	27 km.p.h. (17 m.p.h.)	21 km.p.h. (13 m.p.h.)
Longitudinal Delta "V":	-26 km.p.h. (-16 m.p.h.)	-20 km.p.h. (-12 m.p.h.)
Lateral Delta "V":	+5 km.p.h. (+3 m.p.h.)	-7 km.p.h. (-4 m.p.h.)

COLLISION SEQUENCE

PRE-CRASH: The case vehicle (Caravan) was traveling east-northeastward in the eastbound lane of a two-lane, undivided, State Road and was attempting to continue in its eastward direction of travel. Vehicle #2 (E-250) was traveling west in the west-bound lane of the same, two-lane, undivided, State road and was attempting to turn left and travel south on an intersecting roadway. The case vehicle's driver attempted to avoid the crash by braking (with lock-up²). As a result of the attempted avoidance maneuver, the case vehicle continued essentially straight ahead prior to impact. It is unknown whether the driver of vehicle #2 made any pre-crash avoidance maneuvers. Vehicle #2 continued its leftward turn just prior to impact. The crash occurred in the four-leg intersection of the two roadways.

CRASH: The front of the case vehicle impacted the front right half vehicle #2 causing both the driver and front right passenger supplemental restraint systems (air bags) to deploy. During the impact, vehicle #2's front bumper overrode the case vehicle's front bumper. Subsequently, both vehicles became stuck together and moved³ slightly southeastward to final rest; see **SELECTED PHOTOGRAPHS #12** through **#16**. The case vehicle came to rest heading east, and vehicle #2 came to rest heading south-southwest.

POST-CRASH:

Occupants: All five of the case vehicle's occupants remained inside the vehicle at final rest. The driver, the other second seated occupant, and the center second seated occupant were conscious and able to exit the case vehicle without assistance. The left second seated passenger was conscious, but she was only able to exit the case

¹ These speed estimates are based on the scene inspection and crash dynamics. For additional discussion, see the page entitled: **TRC VECTOR ANALYSIS ITERATIONS**.

² [REDACTED] Highway Patrol determined that the case vehicle deposited 3.5 meters (11.5 feet) of skid marks with its right front tire; on the other hand, vehicle #2 deposited no skid marks prior to impact.

³ The case vehicle rotated approximately five degrees clockwise and vehicle #2 rotated approximately fifteen degrees counterclockwise.

COLLISION SEQUENCE (CONTINUED)

vehicle with some assistance because of her injuries. Finally, the right front passenger was unconscious and was removed from the case vehicle by the driver and laid in the grass until the emergency medical personnel arrived.

Base on the Police Crash Report⁴, the restraint use for all five of the case vehicle's occupants is unknown. According to the case vehicle's driver, she was not restrained by her available, active, three-point, lap and shoulder belt; however, the right front passenger (i.e., son) was restrained by his available, active, three-point lap and shoulder belt. In addition, when trying to remove her son from the case vehicle, she indicated that she had to unbuckle the seat belt in order to untangle his foot from the seat belt's webbing (see **APPENDIX B**, page 6, line 17 through page 7, line 9). The left second seated passenger (i.e., driver's mother) was restrained⁵ by her available, active, three-point, lap and shoulder belt. According to case vehicle's driver and the left second seated passenger, the other second seated passenger (i.e., driver's daughter) was restrained (i.e., in some fashion). The center second seated passenger (i.e., driver's father) was not restrained by his available, active, three-point, lap and shoulder belt. Based on the information contained in the occupants respective medical records, only the left second seated passenger was restrained. Based on the restraint and injury information contained in the occupants medical records and the vehicle inspection, this contractor believes that the right front passenger, the left second seated passenger, and the other second seated passenger were not restrained.

Police: The investigating police agency was notified of the crash within three minutes post-crash and arrived on-scene two minutes later. Traffic control procedures were established and emergency medical, fire, and towing services were called to assist.

Rescue: All five occupants were transported by ambulance to a medical facility. The case vehicle's driver and the left and center second seated passengers were treated and released. The other second seated passenger was held overnight for observation for a possible abdominal injury. The right front passenger died in the emergency room while the physicians were trying to stabilize him in preparation for transfer by life flight helicopter to a trauma center. He expired three hours and twenty minutes post-crash. The case vehicle's driver sustained, according to her interview and medical records, bilateral ankle sprains from the floor area, a left knee contusion and a right knee sprain from impacting the left dash, and a small laceration to her forehead from hitting the windshield.

⁴ [REDACTED] Highway Patrol report did not discuss restraint usage.

⁵ The other second seated passenger attempted to unbuckle her, but the left second seated passenger was unbuckled by a bystander and extricated by the emergency medical personnel (see **APPENDIX B**, page 9, line 25 through page 10, line 4).

COLLISION SEQUENCE (CONTINUED)

POST-CRASH: Rescue: (Continued)

According to the right front passenger's medical records, he sustained a critical nonanatomic brain injury, neck and chin abrasions, and a chin contusion from his deploying air bag. In addition, he sustained a laceration to his occipital scalp most likely from impacting the windshield and/or the right "A"-pillar. According to the left second seated passenger's interview and medical and ambulance transport records, she sustained a moderate nonanatomic brain injury, a fracture to her left distal radius, a dislocation to her left wrist, and abrasions and contusions to her left lower leg from impacting the right front seat back. The other second seated passenger sustained, according to her medical records, abrasions and contusions about her face, and possibly her right hand, from striking the windshield. In addition, she sustained chest and abdomen abrasions and contusions from the center dash and most likely an severe abrasion to her right elbow area from the deploying front right air bag. Finally, according to the center second seated passenger's medical records, he sustained a contused chest from impacting the right front seat back.

Removal: Following the police investigation, both the case vehicle and vehicle #2 were towed from the scene.

HUMAN FACTORS/OCCUPANT DATA

<u>DRIVERS:</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Age:	24-year-old	43-year-old
Sex:	Female	Male
Height:	171 cm (67.5 in)	196 cm (77 in)
Weight:	60 kg (132 lbs)	95 kg (210 lbs)
Occupation:	Craftsman (i.e., works in an assembly plant)	Bartender
Active Restraint System/Usage:	Three-point lap and shoulder/Not used	Three-point lap and shoulder/Not used
Usage Source:	Vehicle inspection, interviewee, and medical records	Police Crash Report
Passive Restraint System/Usage:	Factory installed air bag/air bag deployed	None
Usage Source:	Vehicle inspection and interviewee	Not applicable
Eyeglasses/contacts:	None	Not applicable

HUMAN FACTORS/OCCUPANT DATA⁶ (CONTINUED)

<u>DRIVERS:</u> (Continued)	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Vehicle Familiarity:	96,561 km (60,000 mi) per year	Unknown
Route Familiarity:	Three times a week	Unknown
Trip Plan:	Dinner to home	Unknown
Manner of Leaving Scene:	Ambulance	Ambulance
Type of Medical Treatment:	Treated and released	Treated and released
<u>OTHER CASE VEHICLE PASSENGERS:</u>	<u>Right Front Passenger</u>	<u>Other Second Seated⁶ Passenger</u>
Age:	4-year-old	5-year-old
Sex:	Male	Female
Height:	122 cm (48 in)	127 cm (50 in)
Weight:	23 kg (50 lbs)	28 kg (61 lbs)
Active Restraint System/Usage:	Three-point lap and shoul- der/Not used	Not equipped
Usage Source:	Vehicle inspection and medical records	Vehicle inspection
Passive Restraint System/Usage:	Front right air bag/Air bag deployed	Not equipped
Usage Source:	Vehicle inspection, in- terviewee, and Police Crash Report	Not applicable
Eyeglasses/contacts:	None	None
Manner of Leaving Scene:	Ambulance	Ambulance
Type of Medical Treatment:	Treated, but died in emer- gency room	Hospitalized for observa- tion

⁶ There is a discrepancy concerning the seating position of the 5-year-old female occupant. According to the Police Crash Report and the [REDACTED] Highway Patrol report, the 5-year-old female occupant was either seated or standing in the right front seat next to the deceased 4-year-old male. On the other hand, the two 48-year-old grandparents in the second seating area indicated that the 5-year-old female was either sitting on the far right of the second seat using her available, active, three-point, lap and shoulder belt or sitting between them using an available safety belt. This contractor, based on the vehicle inspection and this child's injuries, believes that the child was seated either between the two grandparents in the second seating area or between the two front seats and unrestrained, because no safety restraints were available in either of those locations.

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

OTHER CASE VEHICLE PASSENGERS: (Continued)	Left Second Seated Passenger	Center Second Seated Passenger
Age:	48-year-old	48-year-old
Sex:	Female	Male
Height:	168 cm (66 in)	180 cm (71 in)
Weight:	83 kg (183 lbs)	93 kg (205 lbs)
Active Restraint System/Usage:	Three-point lap and shoul- der/Not used	Three-point lap and shoul- der/Not used
Usage Source:	Vehicle inspection	Vehicle inspection and ambulance record
Passive Restraint System/Usage:	Not equipped	Not equipped
Usage Source:	Not applicable	Not applicable
Eyeglasses/contacts:	Not applicable	Not applicable
Manner of Leaving Scene:	Ambulance	Ambulance
Type of Medical Treatment:	Treated and released	Treated and released

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Sprain right knee	850826.2,1	3	Left instrument panel and below	{Probable}
Sprain right ankle	850206.1,1	3	Brake pedal	{Probable}
Sprain left ankle	850206.1,2	3	Floor/toe pan area	{Probable}
Laceration, slight, forehead	290602.1,7	7	Windshield	{Certain}
Contusion left knee	890402.1,2	7	Left instrument panel and below	{Certain}

CASE VEHICLE RIGHT FRONT PASSENGER INJURIES^{7,8,9}

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Concussion ⁷ with unconsciousness, pupils fixed & dilated, unresponsive (GCS=3), and neurogenic shock ⁸	160824.5,0	3 ⁹	Air bag, front right passenger's	{Certain}
Laceration occipital scalp	190600.1,6	3	Windshield and/or right "A"-pillar	{Probable}
Abrasions to chin	290202.1,8	3	Air bag, front right passenger's	{Certain}
Contusions to chin	290402.1,8	3	Air bag, front right passenger's	{Certain}
Abrasions to neck	390202.1,5	3	Air bag, front right passenger's	{Certain}

CASE VEHICLE LEFT SECOND SEATED PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Concussion with loss of consciousness of unknown duration	160406.2,0	3	Right front seat back support	{Probable}
Fracture left distal radius	752802.2,2	3	Right front seat back support	{Probable}
Dislocation left radiocarpal joint	751430.2,2	3	Right front seat back support	{Probable}
Abrasions left lower leg	890202.1,2	6	Right front seat back support	{Probable}
Contusions left lower leg	890402.1,2	6	Right front seat back support	{Probable}

⁷ This patient's medical records document his death and the efforts by the physicians to stabilize and/or keep him alive; however, the records do not document specifically what anatomical lesions caused this patient's death. In addition, according to the emergency medical technician's report and the interviewee, this patient was bleeding from both ears and his nose and mouth, with extensive bleeding blocking his air way. The presence of blood in the ear canals indicates a potential basilar skull fracture. Further, a "suboptimal" cervical x-ray indicated that atlanto-occipital and/or atlanto-axial widenings could not be ruled out, or that cervical fractures could not be ruled out. Based on the previous special crash investigation air bag fatalities that this contractor has researched and the vehicle and kinematic evidence, this patient most likely sustained critical or fatal cervical lesions.

⁸ The following terms are defined in **MEDICAL DICTIONARY** as follows:
neurogenic (noor"o-jen'ik) -- originating in the nervous system or from a lesion in the nervous system
neurogenic shock (shok) -- shock resulting from neurogenic vasodilation, which can be produced by cerebral trauma or hemorrhage, spinal cord injury, deep general or spinal anesthesia, or toxic central nervous system depression

⁹ This patient's survival did not extend beyond the emergency room.

CASE VEHICLE OTHER SECOND SEATED PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion, small, left forehead	290202.1,7	2	Windshield	{Probable}
Contusion left forehead	290402.1,7	2	Windshield	{Probable}
Abrasion under left eye	290202.1,2	2	Windshield	{Probable}
Contusion left face (left eye area)	290402.1,2	2	Windshield	{Probable}
Abrasion left side of mouth	290202.1,8	2	Windshield	{Probable}
Contusion left side of mouth	290402.1,8	2	Windshield	{Probable}
Abrasion left chest	490202.1,2	2	Center dash	{Probable}
Contusion mid-chest (near sternum)	490402.1,4	3	Center dash	{Probable}
Abrasion left abdomen	590202.1,2	2	Center dash	{Probable}
Abrasions right proximal upper arm (near elbow)	790202.1,1	2	Air bag, front right passenger's	{Probable}
Lacerations {scratches} right hand	790602.1,1	3	Windshield	{Possible}

CASE VEHICLE CENTER SECOND SEATED PASSENGER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion chest, not further specified	490402.1,9	3	Right front seat back	{Certain}

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasions, locations not further specified	990200.1,9	9	Unknown mechanism	{Unknown}
Contusions, locations not further specified	990400.1,9	9	Unknown mechanism	{Unknown}

CASE VEHICLE DRIVER KINEMATICS

Immediately prior to the crash the case vehicle's driver was normally postured (i.e., seated upright with her back against the seat back, her left foot on the floor pan, her right foot on the brake, and both hands on the steering wheel). According to the case vehicle's driver, her seat track is normally located between its middle and rearmost position, and the tilt steering wheel was located between its middle and down-most positions. The vehicle inspection indicated that the driver's seat track was located in its middle position, the seat back, originally in the upright position, was deformed slightly forward (i.e., due to loading by the left second seated occupant), and the tilt steering wheel was located in its center position. The inspection also showed that the driver's shoulder belt, "D"-ring adjustment was in the full-up position. The driver was not wearing her available, active, three-point, lap and shoulder belt.

The case vehicle's driver braked attempting to avoid the crash. As a result of this attempted avoidance maneuver and the nonuse of her available safety belts, she most likely moved forward just prior to impact.

Based on the vehicle and scene inspections and occupant kinematic principles [i.e., the Direction of Principal Force (PDOF) is -10], the case vehicle's impact with vehicle #2, not only deployed the driver's side air bag, but thrust the driver forward and slightly leftward. The case vehicle's driver could not recall how she moved other than she struck the windshield with her head. The vehicle inspection found what appeared to be skin on the driver's side of the windshield near the A-pillar. An inspection of the driver's air bag revealed a small patch of what appeared to be skin and a lipstick transfer to the center right of the air bag. In addition, there was also a small spot of blood on the upper left backside of the air bag, most likely from the driver's windshield contact; however, there did not appear to be contact to the driver air bag module's cover flap (see **SELECTED PHOTOGRAPHS #37 through #39**). This evidence indicates that at impact the driver moved forward, slightly leftward (i.e., towards the -10 degree PDOF), and upward. The impact with the air bag combined with the case vehicle's clockwise rotation (i.e., five degrees), redirected her further upwards and leftward where she contacted the windshield. According to the case vehicle's driver, she sustained a small cut to her head on the left side near her hair line and a contused left knee. The vehicle inspection also revealed a scuff to the left lower dash which corresponds with her reported left knee contact. Her medical records indicate that the driver sustained bilateral ankle sprains and a sprain to her right knee. Given the driver's head and left knee contact, her right knee most likely hit the dash, and her ankles may easily have been sprained from the impact's force on the case vehicle's toe pan and foot control areas.

The case vehicle's driver could not recall how she was positioned at final rest, but she didn't believe that she was much out of her original seating position.

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS

Immediately prior to the crash the right front passenger was normally postured (i.e., sitting slightly reclined with his back against the seat back, his feet hanging down over the edge of the seat cushion, and both arms in his lap). However, base on the probing questions asked by this contractor's and the NTSB's investigators (see **APPENDIX B**), this contractor believes that the right front passenger's posture is unknown. According to the case vehicle's driver, the right front passenger's seat track was located in its rearmost position. The vehicle inspection indicated that the right front passenger's seat track was located between the middle and rearmost

CASE VEHICLE RIGHT FRONT PASSENGER KINEMATICS (CONTINUED)

positions and the seat back, originally in the upright position, was deformed slightly forward (i.e., due to loading by the center second seated occupant). The inspection also showed that the driver's shoulder belt, "D"-ring adjustment was in the middle position. According to the case vehicle's driver (i.e., mother), the right front passenger was restrained by his available, active, three-point, lap and shoulder¹⁰ belt, because she had to unbuckle the belt in order for her to untangle his foot from the webbing. The vehicle inspection and this occupant's medical records indicate that he was not using his safety belt.

Based on the vehicle inspection and occupant kinematic principles, the case vehicle's attempted avoidance maneuver (i.e., hard braking which may have caused the front of the case vehicle to dip downwards), the nonuse of his available safety belts, and his weight [i.e., 23 kilograms (50 pounds)], all combined to thrust the right front passenger forward toward the dash and front right air bag module, just prior to impact.

The case vehicle's impact with vehicle #2, not only deployed the front right passenger air bag, but thrust the right front passenger forward, upward, and slightly leftward. Based on the vehicle inspection, the right front passenger was most likely very near or on top of the front right dash and air bag module just prior to the deployment. The right front passenger contacted the dash (see **SELECTED PHOTOGRAPHS #44 and #45**) and windshield (see **SELECTED PHOTOGRAPHS #46 and #48 through #50**). An inspection of the front right passenger's air bag revealed skin transfers to the top (i.e., most likely from his neck; see **SELECTED PHOTOGRAPHS #52 through #55**) and blood on the front right of the air bag; see **SELECTED PHOTOGRAPH #56**. In addition, there appeared to be a scuff on the front right passenger air bag module's cover flap; see **SELECTED PHOTOGRAPHS #57 and #58**. At deployment the right front passenger, who was next to or on top of the air bag module's cover flap as it deployed, was lifted upwards and to the right contacting the right side of the windshield and the "A"-pillar (i.e., most likely with his occipital scalp; see **SELECTED PHOTOGRAPH #48**) approximately 9 centimeters (3.5 inches) down from the windshield header. The exact interaction between the right front passenger and the vehicle is difficult to ascertain because of the lack of medically¹¹ documented integumentary injuries.

At final rest, after contacting the right "A"-pillar, the occupant most likely fell backwards into his seat. The child's exact final rest position is unknown. All the case vehicle's driver (i.e., mother) can recall was her exiting the left front door, going around the back of the vehicle, opening the right front door, and trying to extricate him from the vehicle by untangling his foot¹² from the seat belt webbing and pulling him out of the vehicle.

¹⁰ The case vehicle's driver indicated that this child normally wore the shoulder belt portion of his safety belt behind his back.

¹¹ The primary documentation in this occupant's medical records pertained to the physicians attempts to stabilize and keep him alive.

¹² The specific foot that was allegedly entangled is unknown.

CASE VEHICLE LEFT SECOND SEATED PASSENGER KINEMATICS

Immediately prior to the crash, this occupant (i.e., mother of case vehicle's driver) was abnormally postured (i.e., seated upright with her back against the seat back, her feet on the floor, and both arms outstretched bracing for the impending crash). The vehicle inspection indicated that neither this occupant's seat track nor seat back were adjustable. According to this occupant and her medical records, she was restrained by her available, active, three-point, lap and shoulder belt; however, based on an inspection of this occupant's restraints, the substantial damage to the driver's seat back, and the absence of any medically reported, associated, belt type bruising, this contractor believes¹³ that the left second seat's three-point lap and shoulder belt was not in use. As an alternative scenario, it is possible that the left second seated passenger was wearing the safety belt loose enough so that she would not have sustained any bruising and the belt system would not have shown any evidence of loading, however, in this contractor's opinion, it is unlikely.

The case vehicle's attempted avoidance maneuver (i.e., hard braking which may have caused the front of the case vehicle to dip downwards) and the nonuse of her available safety belts indicates that the left second seated passenger should have moved forward just prior to impact. However, since she was bracing for the impending crash with her hands extended against the driver's seat back, she most likely was only leaning forward and thus remained close to her pre-avoidance posture.

The case vehicle's impact with vehicle #2 thrust the left second seated passenger forward and slightly leftward where she significantly loaded the back of the driver's seat back, causing her left distal arm fracture and dislocation and the left lower leg abrasion and contusion. In addition, the loading bent the seat back forward and twist it to the left; see and compare **SELECTED PHOTOGRAPHS #35 and #67**. According to this occupant, she sustained a "*burn*" to her right calf from the case vehicle's driver side air bag. However, this injury description was dismissed because of the alleged injury source and because this occupant's medical records contain no complaints or injury documentation pertaining to any location on the right side of her body.

At final rest this occupant was still in her seat, leaning to the left against the interior left side of the case vehicle; see **APPENDIX B**, page 8, lines 24 and 25.

CASE VEHICLE OTHER SECOND SEATED PASSENGER KINEMATICS

According to the case vehicle's center second seated passenger (i.e., grandfather), immediately prior to the crash the other second seated passenger¹⁴ was normally postured (i.e., sitting upright in the center second seated position with her back against the seat back, both feet hanging down over the seat, and her arms in an unknown location). However, the vehicle inspection and this occupant's injuries indicate that this passenger was most likely¹⁴ sitting on the second bench

¹³ See **ATTACHMENT B**, page 28, lines 14 through 22, and page 29, lines 1 through 5.

¹⁴ According to the two police agencies that investigated this crash, this occupant was seated in the right front seat, next to her brother (i.e., the right front passenger). The Police Crash Report indicated that the safety belt usage for this occupant was unknown. Based on the interior vehicle inspection and this occupant's medical records, this contractor believes this occupant was either seated between the two grandparents in the second seating area (i.e., there are only two seat positions available on the second bench seat) or between the two front seats and unrestrained. This occupant was most likely seated in the second seating area.

CASE VEHICLE OTHER SECOND SEATED PASSENGER KINEMATICS (CONTINUED)

seat between her grandparents and, thus by NASS CDS definition, was abnormally postured because there were no restraints available for that seating location. Neither this occupant's seat track nor seat back were adjustable. Both of this occupant's grandparents, who were seated in the second seating area, indicated that she was restrained¹⁵ by her available, active, three-point, lap and shoulder belt. However, based on an inspection of the right second seat's three-point safety belt, her medical records, and the lack of any belt type bruising pattern to this occupant, this contractor believes that no restraint was available or used.

The case vehicle's attempted avoidance maneuver (i.e., hard braking which may have caused the front of the case vehicle to dip downwards), the nonuse of any available safety belts, and her weight [i.e., 28 kilograms (61 pounds)], combined to thrust this other second seated passenger forward toward the center dash and windshield, just prior to impact.

The case vehicle's impact with vehicle #2 thrust the other second seated passenger forward and slightly leftward where she contacted first, the right rear edge of the driver's seat back, and subsequently, the center dash and the windshield, causing the abrasions and contusions to the left side of her face, chest, and abdomen¹⁶; see **SELECTED PHOTOGRAPHS #40, #64, and #51**. In addition, it is most likely that her right proximal forearm (i.e., near her elbow) was contacted by the deploying front right passenger air bag causing her most serious medically reported injury (i.e., a severe abrasion).

Her exact final rest position is unknown. According to the case vehicle's driver (see **APPENDIX B**, page 7, lines 21 through 25) and center second seated passenger (i.e., her grandfather; see **APPENDIX B**, page 8, lines 16 through 24), when they first saw her following the crash she was standing between the two front seats and attempting to help her grandmother (i.e., the left second seated passenger) get out of the case vehicle. This contractor believes that, following the crash, she most likely ended up on the floor between the two front seats.

CASE VEHICLE CENTER SECOND SEATED PASSENGER KINEMATICS

Immediately prior to the crash, the center second seated passenger (i.e., father of case vehicle's driver) was normally postured (i.e., seated upright with his back against the seat back, his feet on the floor, and his arms in an unknown location). Neither this occupant's seat track nor seat back were adjustable. This occupant was not wearing his available, active, three-point, lap and shoulder belt.

The case vehicle's attempted avoidance maneuver (i.e., hard braking which may have caused the front of the case vehicle to dip downwards) and the nonuse of his available safety belts allowed the center second seated passenger to move forward just prior to impact.

¹⁵ This contractor believes the credibility of all three adults in the case vehicle is suspect.

¹⁶ This occupant was actually hospitalized overnight for observation because of her reported stomach pain. In this contractor's opinion, this blunt force trauma most likely resulted when her abdomen hit the center dash; however, no medically diagnosed abdominal cavity injuries or abdominal contusions were documented.

CASE VEHICLE CENTER SECOND SEATED PASSENGER KINEMATICS (CONTINUED)

The case vehicle's impact with vehicle #2 thrust the center second seated passenger forward and slightly leftward where he initially contacted the right front passenger's seat back with his upper torso causing his medically reported chest contusion. In addition, this loading caused the seat back to bend forward and twist to the right; see and compare **SELECTED PHOTOGRAPHS #35** and **#68**. This contractor believes this occupant continued forward most likely striking the case vehicle's overhead console with the top of his head; see **SELECTED PHOTOGRAPHS #64** through **#66**. Although this occupant reported pain to the top of his head (i.e., see **APPENDIX B**, page 11, lines 1 through 10, and page 25, lines 4 through 6) during the interview, no injuries or complaints of head or facial pain were documented on his medical records. This occupant indicated, that after striking the overhead console, he fell back into his seat.

At final rest this occupant recalls being back in his seat; see **APPENDIX B**, page 8, lines 5 through 9.

AIR BAG SYSTEM

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Air Bag Diameter (seam-to-seam, deflated):	Diameter: 63 cm (25.0 in)	Width: 47 cm (18.5 in) Height: 68 cm (26.8 in)
Number of Vent Holes:	Two	None
Vent Hole Diameter:	2.5 cm (1.0 in)	Not applicable
Vent Hole Clock Positions:	Approximately 11:30 and 12:30 o'clock	Not applicable
Number of Air Bag Tethers:	None	Two, each 30.5 cm (12.0 in) wide
Number of Air Bag Module Cover Flaps:	Two	One
Upper Cover Flap Dimensions:	Width: 18 cm (7.1 in) Height: 7 cm (2.8 in)	Width: 32 cm (12.6 in) Height: 15 cm (5.9 in)
Lower Cover Flap Dimensions:	Width: 18 cm (7.1 in) Height: 7 cm (2.8 in)	Not applicable

AIR BAG SYSTEM (CONTINUED)

	<u>DRIVER AIR BAG</u>	<u>PASSENGER AIR BAG</u>
Distance between Dash and leading (i.e., closest) edge of Module's Cover Flap:	Not applicable	5 cm (2.0 in)
Generant Residue:	No unusual amount found	No unusual amount found

The left second seated passenger indicated that there was a lot of smoke in the vehicle post-crash. In fact, there was enough smoke that she thought the vehicle was on fire; see **APPENDIX B**, page 27, line 21 through page 28, line 5.

Appendix A:

RECONSTRUCTION PROGRAM RESULTS:

SMASH
(DAMAGE ONLY ALGORITHM)

CRASHPC
(DAMAGE ONLY ALGORITHM)

EDCRASH
(DAMAGE ONLY ALGORITHM)

TRC VECTOR ANALYSIS ITERATIONS

SMASH
(DAMAGE ONLY ALGORITHM
-- INCLUDING
BARRIER EQUIVALENT SPEEDS)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

SMASH PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10

Primary
Sampling Unit

9619

Case No.-Stratum

01

Accident Event
Sequence No.

██████████ 3,96

Date (Month, day, year) of Run

GENERAL INFORMATION

VEHICLE 1

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

01
1995

DODGE

CARAVAN

VN

12 FDEW 3

⊕ 10°

⊕ 75°

VEHICLE 2

NASS Vehicle Number

Year

Make

Model

Body Style

CDC

PDOF

Heading Angle

02
1976

FORD

E-250 VAN

VN

01 FZEW4

⊕ 20°

⊕ 135°

VEHICLE SPECIFICATIONS

VEHICLE 1

Wheelbase

Overall Length

Overall Width

Weight

1467 + 227 + 5 = 1759 kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

285 cm

452 cm

183 cm

3.0 L

FW D

4

7

VEHICLE 2

Wheelbase

Overall Length

Overall Width

Weight

1994 + 95 + 136 = 2225 kg

Curb Occupant(s) Cargo

Engine Displacement

Drive System

Size

Stiffness

351 cm

525 cm

202 cm

5.8 L

BWD

7

7

DAMAGE INFORMATION

VEHICLE 1

Damage Known?

Damage Length

Damage Offset

Crush Depth:

154 Y cm

⊕ 15 cm

C1 28 cm

C2 28 cm

C3 19 cm

C4 10 cm

C5 0 cm

C6 0 cm

VEHICLE 2

Damage Known?

Damage Length

Damage Offset

Crush Depth:

194 Y cm

⊕ 29 cm

C1 0 cm

C2 2 cm

C3 7 cm

C4 14 cm

C5 6 cm

C6 35 cm

National Accident Sampling System-Crashworthiness Data System: SMASH Program Summary

SCENE INFORMATION

Rest and Impact Positions ☐ No ☐ Yes

VEHICLE 1

Rest X _____ m

Position Y _____ m

Heading Angle _____ °

Impact X _____ m

Position Y _____ m

Heading Angle _____ °

Slip Angle (-180 to +180) _____ °

VEHICLE 2

Rest X _____ m

Position Y _____ m

Heading Angle _____ °

Impact X _____ m

Position Y _____ m

Heading Angle _____ °

Slip Angle (-180 to +180) _____ °

VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

VEHICLE 1

Vehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation > 360° ☐ No ☐ YesSustained Contact ☐ No ☐ Yes

VEHICLE 2

Vehicle Rotation ☐ No ☐ YesRotation Stop Before Rest ☐ No ☐ Yes

End of Rotation X _____ m

Position Y _____ m

Heading Angle _____ °

Curved Path ☐ No ☐ Yes

Point on Path

X _____ m Y _____ m

Rotation Direction ☐ None ☐ CW ☐ CCWRotation > 360° ☐ No ☐ Yes

FRICTION INFORMATION

Coefficient of Friction _____

Rolling Resistance Option _____

1

Vehicle 1 Rolling Resistance

LF _____

RF _____

LR _____

RR _____

Vehicle 2 Rolling Resistance

LF _____

RF _____

LR _____

RR _____

IF THIS COMMON IMPACT WAS WITH A CDS VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage
Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate
damage sketch and dimensions to the form.

Summary of Results Using Damage

Speed Change (Damage)

Vehicle #1

Total	27 km/h (17 mph)
Longitudinal	-26 km/h (-16 mph)
Latitudinal	5 km/h (3 mph)
PDOF Angle	-10 ½
Energy Dissipated	= 47519 Joules (35044 Ft-Lb)
Barrier Equivalent Speed	= 26.3 km/h (16.4 mph)

Calculated using crush coefficients entered by the user.

Vehicle #2

Total	21 km/h (13 mph)
Longitudinal	-20 km/h (-12 mph)
Latitudinal	-7 km/h (-4 mph)
PDOF Angle	20 ½
Energy Dissipated	= 38853 Joules (28653 Ft-Lb)
Barrier Equivalent Speed	= 21.2 km/h (13.2 mph)

Calculated using crush coefficients entered by the user.

General Information

	Vehicle #1	Vehicle #2
	áááááááááá	áááááááááá
Year	1995	1976
Make	Dodge	Ford
Model	Caravan SE	E-250
CDC	12FDEW3	01FZEW4
Side Damaged	F	F
PDOF Angle	-10 ½	20 ½
Heading Angle	75 ½	-135 ½

Calculation method:	Vehicle's Crush Coeff.	Vehicle's Crush Coeff.
d0 crush coeff.	109.73 sqrt(N)	109.73 sqrt(N)
d1 crush coeff.	8.51 sqrt(N)/cm	8.51 sqrt(N)/cm

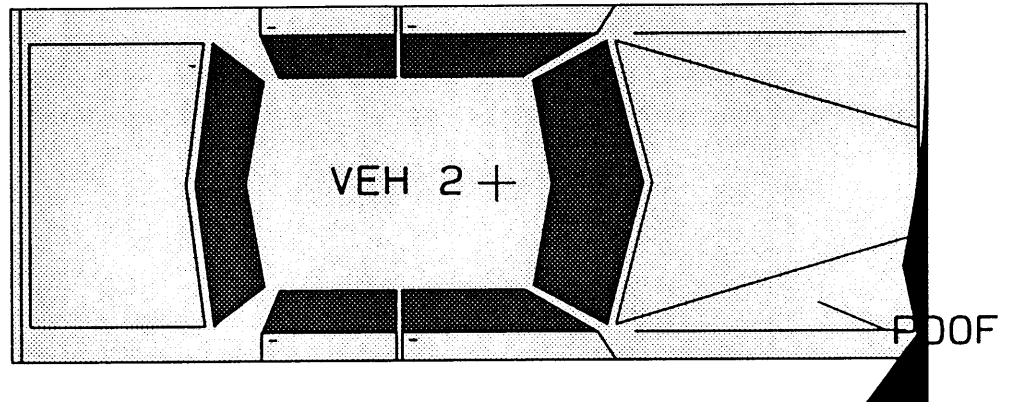
Damage Information

Vehicle Damage Known	Vehicle #1	Vehicle #2
	áááááááááááá	áááááááááááá
	Yes	Yes
Crush Length	154.0 cm (61 in)	194.0 cm (76 in)
C1	28.0 cm (11 in)	0.0 cm (0 in)
C2	28.0 cm (11 in)	2.0 cm (1 in)
C3	19.0 cm (7 in)	7.0 cm (3 in)
C4	10.0 cm (4 in)	14.0 cm (6 in)
C5	0.1 cm (0 in)	6.0 cm (2 in)
C6	0.0 cm (0 in)	35.0 cm (14 in)
D	-14.9 cm (-6 in)	29.0 cm (11 in)
D'	-48.1 cm (-19 in)	68.6 cm (27 in)

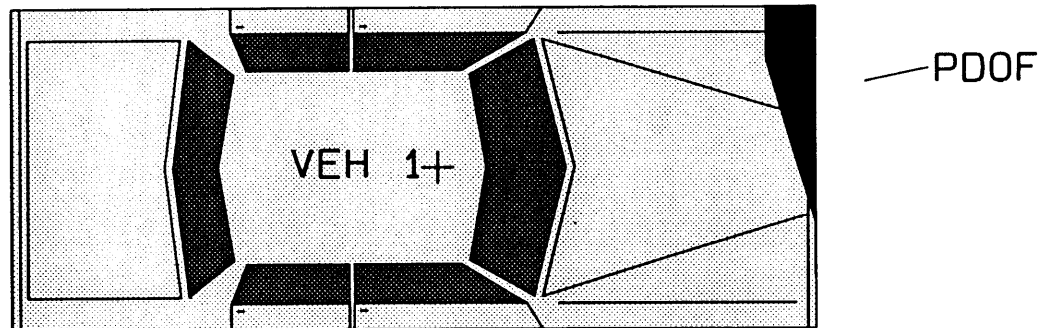
Vehicle Dimensions

	Vehicle #1	Vehicle #2
	áááááááááááá	áááááááááááá
Length	452.0 cm (178 in)	525.0 cm (207 in)
Width	183.0 cm (72 in)	202.0 cm (80 in)
Wheelbase	285.0 cm (112 in)	351.0 cm (138 in)
Weight	1759 kgs (3878 lbs)	2225 kgs (4905 lbs)
CG to Front of Veh	251.0 cm (99 in)	192.0 cm (76 in)
Engine Displacement	3.0 liters	5.8 liters
Moment of Inertia	324669 kgs (28737 lbs)	554048 kgs (49040 lbs)
Vehicle Mass	1759 kgs (10.1 lb-s ² /in)	2225 kgs (12.8 lb-s ² /in)

1976 Ford E-250



1995 Dodge Caravan SE



Special Crash Investigation, TRC/IU 96-19, Task 0059
[REDACTED], 1997

EDCRASH
(DAMAGE ONLY ALGORITHM)

IMPACT SPEED km/h		SPEED CHANGE km/h			BASIS FOR RESULTS
FWD	LAT	TOTAL	LONG.	LATERAL	
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM
N/A	N/A	N/A	N/A	N/A	SPINOUT TRAJECTORIES AND DAMAGE
		19.6	-18.4	-6.7	DAMAGE DATA ONLY

SUMMARY OF DAMAGE DATA
(NOTE: '***' indicates default value)

	Vehicle #1	Vehicle #2
CLASS / STIFFNESS CATEGORIES	4 / 7	7 / 7
WEIGHT	1759.0 kg	2225.0 kg
CDC	12FDEW3	01FZEW4
DAMAGE WIDTH	154.0 cm	194.0 cm
CRUSH DEPTH 1	28.0 cm	0.0 cm
CRUSH DEPTH 2	28.0 cm	2.0 cm
CRUSH DEPTH 3	19.0 cm	7.0 cm
CRUSH DEPTH 4	10.0 cm	14.0 cm
CRUSH DEPTH 5	0.1 cm	6.0 cm
CRUSH DEPTH 6	0.0 cm	35.0 cm
DAMAGE MIDPOINT OFFSET	-15.0 cm	29.0 cm
DAMAGE ENERGY	41234.9 Joules	33391.5 Joules
MAGNITUDE OF PRINCIPAL FORCE	298023.2 N	305227.5 N
DIRECTION OF PRINCIPAL FORCE	-10.0 deg	20.0 deg
MOMENT ARM OF PRINCIPAL FORCE	-5.9 cm	1.5 cm
DAMAGE CENTROID	-48.2 cm	68.6 cm

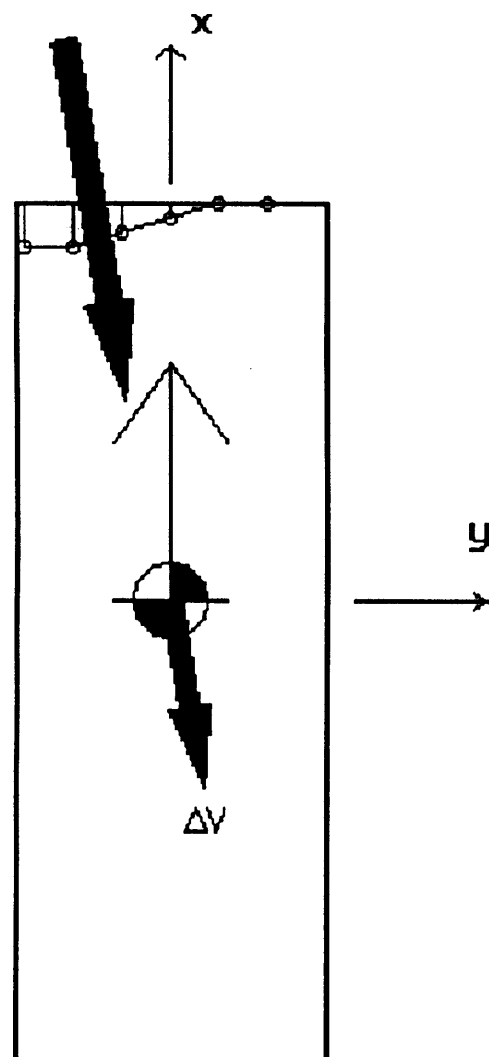
DIMENSIONAL, INERTIAL AND CRUSH STIFFNESS PROPERTIES
(NOTE: '***' indicates default value)

	Vehicle #1		Vehicle #2	
CG TO FRONT AXLE	138.9 cm	**	123.2 cm	**
CG TO REAR AXLE	150.4 cm	**	174.0 cm	**
TRACKWIDTH	157.0 cm	**	171.7 cm	**
YAW MOMENT OF INERTIA	4242.2 kg-m ²	**	5325.9 kg-m ²	**
MASS	1756.1 kg		2221.3 kg	
BODY LENGTH FROM CG TO FRONT	251.0 cm	**	192.0 cm	**
BODY LENGTH FROM CG TO REAR	-289.6 cm	**	-271.8 cm	**
BODY OVERALL WIDTH	195.6 cm	**	200.7 cm	**

CRUSH STIFFNESSES:

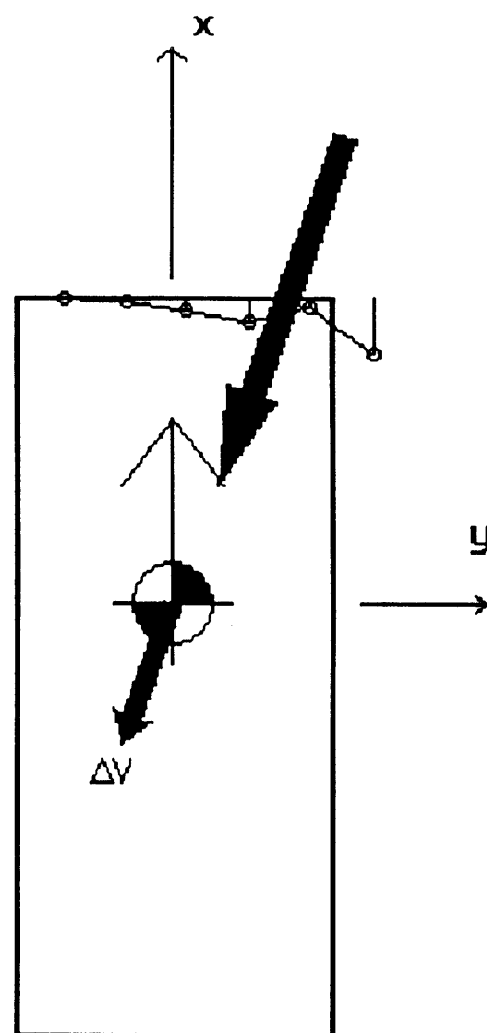
A	B	A	B
lb/in	lb/in ²	lb/in	lb/in ²
383.0 **	126.0 **	383.0 **	126.0 **

Vehicle No. 1



CDC/PDOF: 12FDEW3 -10.0 deg
Max Impact Force: 298023 N

Vehicle No. 2



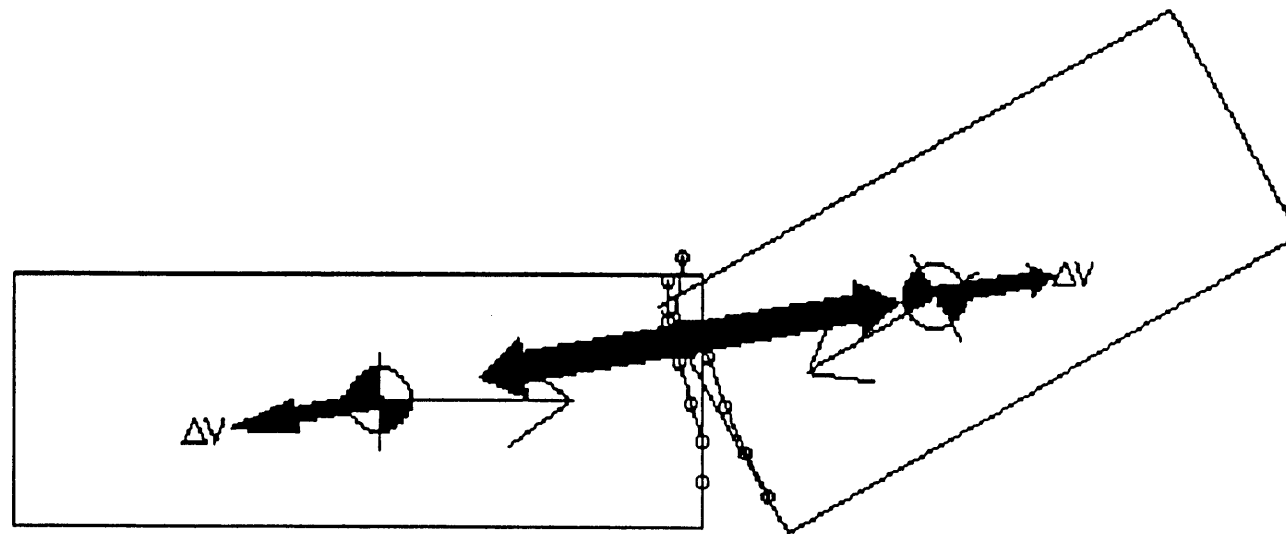
CDC/PDOF: 01FZEW4 20.0 deg
Max Impact Force: 305228 N



EDCRASH Damage Profiles

	Veh #1	Veh #2
Delta-U (km/h):		
X	-24.4	-18.4
Y	4.3	-6.7
Tot	24.8	19.6

Crush Data (cm):		
W	154.0	194.0
D	-15.0	29.0
C1	28.0	0.0
C2	28.0	2.0
C3	19.0	7.0
C4	10.0	14.0
C5	0.1	6.0
C6	0.0	35.0



EDCRASH
At Impact

	Ueh #1	Ueh #2
Delta-U (km/h)		
(BASIS: Damage)		
X	-24.4	-18.4
Y	4.3	-6.7
Tot	24.8	19.6
PDOF	-10.0	20.0

UNITS: km/h,m,deg

(NO SCENE DATA)

TRC VECTOR ANALYSIS ITERATIONS

The TRC Vector Analysis program was used to determine the resultant theoretical Direction of Principal Force (PDOF) for both vehicles. Heading angles were determined from a combination of the Police Crash Report, the scene, and the vehicle inspections, and weights were obtained from original specifications and the interviewees. Based on our inspection of the each vehicle's crush, this contractor initially estimated the PDOFs as -10 degrees for the case vehicle and +30 degrees for vehicle #2.

The driver of the case vehicle indicated in her interview that she was traveling about 56 km.p.h. (35 m.p.h.)--at the statutory SPEED LIMIT of 56 km.p.h. (35 m.p.h.), when she braked to avoid vehicle #2. Based on the nature of the roadway (i.e., a State Road in an urban area) and the road's speed limit, supported by the crush to both the case vehicle and vehicle #2, this contractor believes that the case vehicle was most likely traveling 64-56 km.p.h. (40-35 m.p.h.) prior to impact. Because pre-impact skid marks were noted on the Police Crash Report, her speed at impact was most likely 40-56 km.p.h. (25-35 m.p.h.).

The speed of vehicle #2 was estimated by the case vehicle's driver, in her interview, as about 64 km.p.h. (40 m.p.h.)--slightly above the statutory SPEED LIMIT of 56 km.p.h. (35 m.p.h.), when according to the Police Crash Report, he attempted to turn left at an intersecting roadway. Based on vehicle #2's attempted left turn and the crush to both vehicles, this contractor believes that vehicle #2 was most likely traveling 32-40 km.p (20-25 m.p.h.) prior to impact. Since no pre-impact skid marks were noted on the Police Crash Report, his speed at impact was most likely approximately 32 km.p.h. (20 m.p.h.).

Six iterations of vehicle speeds are shown below: 40-56 km.p.h. (25-35 m.p.h.) for the case vehicle and 32-40 km.p.h. (20-25 m.p.h.) for vehicle #2. The program indicates that (1) as the case vehicle's speed increases, the force collinearity vector rotates no more than +3 degrees for both vehicles, and (2) as vehicle #2's speed increases, the force collinearity vector rotates no more than -2 degrees for the case vehicle and vehicle #2, respectively. Iteration number 2 most closely matches the observed vehicle crush. In addition, the greater the difference between the vehicles at impact speeds, the better is the match to the observed crush. Conversely, the more similar the vehicles at impact speeds are, the worse is the match to the observed crush. Therefore, the impact speeds for the case vehicle and vehicle #2 are most likely 56 km.p.h. (35 m.p.h.) and 32 km.p.h. (20 m.p.h.), respectively. In accordance with NASS, CDS protocol, the PDOFs were assigned at -10 for the case vehicle and +20 for vehicle #2.

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-19

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(1)	
Ln. Axis Heading Angle	75	225		
CG Heading Angle	75	225		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	5	136		
Weight-Vehicle Curb Wt	1467	1994		
Weight-Passenger(s)	287	95		
Weight-Total	1759	2225		
Estimated Speed	56 (35)	40 (25) (m.p.h.)		
Momentum	98504	89000		
PDOF (Degrees)	-14	16		STM
PDOF (Clock Direction)	12	1		
Theoretical Delta V	51.8	41.0		
Theoretical Common Vel.		12.4	Post-Crash CG Heading	139

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-19

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(2)	
Ln. Axis Heading Angle	75	225		
CG Heading Angle	75	225		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	5	136		
Weight-Vehicle Curb Wt	1467	1994		
Weight-Passenger(s)	287	95		
Weight-Total	1759	2225		
Estimated Speed	56 (35)	32 (20) (m.p.h.)		
Momentum	98504	71200		
PDOF (Degrees)	-13	17		STM
PDOF (Clock Direction)	12	1		
Theoretical Delta V	47.6	37.6		
Theoretical Common Vel.		12.9	Post-Crash CG Heading	119

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-19

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(3)	
Ln. Axis Heading Angle	75	225		
CG Heading Angle	75	225		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	5	136		
Weight-Vehicle Curb Wt	1467	1994		
Weight-Passenger(s)	287	95		
Weight-Total	1759	2225		
Estimated Speed	48 (30)	40 (25) (m.p.h.)		
Momentum	84432	89000		
PDOF (Degrees)	-15	15	91	STM
PDOF (Clock Direction)	12	1		
Theoretical Delta V	47.5	37.5		
Theoretical Common Vel.	11.3	Post-Crash CG Heading	156	

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-19

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(4)	
Ln. Axis Heading Angle	75	225		
CG Heading Angle	75	225		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	5	136		
Weight-Vehicle Curb Wt	1467	1994		
Weight-Passenger(s)	287	95		
Weight-Total	1759	2225		
Estimated Speed	48 (30)	32 (20) (m.p.h.)		
Momentum	84432	71200		
PDOF (Degrees)	-14	16	91	STM
PDOF (Clock Direction)	12	1		
Theoretical Delta V	43.2	34.2		
Theoretical Common Vel.	10.6	Post-Crash CG Heading	132	

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-19

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(5)	
Ln. Axis Heading Angle	75	225		
CG Heading Angle	75	225		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	5	136		
Weight-Vehicle Curb Wt	1467	1994		
Weight-Passenger(s)	287	95		
Weight-Total	1759	2225		
Estimated Speed	40 (25)	40 (25) (m.p.h.)		
Momentum	70360	89000		
PDOF (Degrees)	-17	13	91	STM
PDOF (Clock Direction)	11	12		
Theoretical Delta V	43.2	34.1		
Theoretical Common Vel.		11.3	Post-Crash CG Heading	174

PDOF & Delta V Estimation From At Impact Heading Angles, Slip, and Momentum

Case Number: TRC/IU 96-19

Vehicle Numbers: 01 and 02

(Both Vehicles Must Be Tracking Or CRASH 3 Slip Angle(s) Estimated)

(Neither Vehicle May Be Backing)

(If The Back Of A Vehicle Is Involved, Its Speed Must Be Set To Zero)

(Some Configurations Involving Heavy Trucks Give Erroneous Results)

Vector Analysis Area	GV27(V01)	GV28(V02)	(6)	
Ln. Axis Heading Angle	75	225		
CG Heading Angle	75	225		
CRASH 3 Slip Angle	0	0		
Weight-Cargo	5	136		
Weight-Vehicle Curb Wt	1467	1994		
Weight-Passenger(s)	287	95		
Weight-Total	1759	2225		
Estimated Speed	40 (25)	32 (20) (m.p.h.)		
Momentum	70360	71200		
PDOF (Degrees)	-15	15	91	STM
PDOF (Clock Direction)	12	1		
Theoretical Delta V	38.9	30.7		
Theoretical Common Vel.		9.2	Post-Crash CG Heading	151

TRC VECTOR ANALYSIS PROGRAM

PDOF (Direction of Principal Force) is assigned based on the vehicular crush. Heading Angles are assigned based on scene evidence and Police Accident Reported crash configurations. This program was created to enable researchers in the NASS CDS to assess the compatibility of their assigned vehicle PDOFs and heading angles. When two vehicles are involved in an impact, researchers were often times submitting PDOFs that were not compatible with their heading angle assignments, indicating a lack of understanding of basic vector analysis concepts. Subsequently, the TRC has used this program to help verify our field PDOF assignments by making logical changes in the reconstructed crash configuration and determining the affect these changes have on PDOF.

Principal: This program is based on the geometric triangle rule (i.e., the sum of the three angles of a triangle must equal 180 degrees). The direction of one vehicle's (e.g., the case vehicle or Vehicle #1) CG (i.e., Center of Gravity) forms one side of the triangle. The direction of the other vehicle's (e.g., Vehicle #2) CG forms a second side of the triangle. The third side of the triangle is then formed by each vehicle's respective PDOF because the forces are assumed to act collinear.

Assumptions: It is assumed that each vehicle's weight can be represented by a *"point-mass"*. It is assumed that the vector force acting on each vehicle goes through the center of gravity (i.e., CG) of the vehicle. Further, it is assumed that the vehicles move off together joined as one object. This program does not take into affect the mass reduction that occurs in other reconstruction programs since its primary purpose is to check the compatibility of the field determined PDOF and Heading Angle.

Inputs: Heading Angle, Slip Angle (*"Yaw"*), Weights (Curb Weight, Cargo Weight, and Weight of all occupants), and Speed

Outputs: This program's primary output is each vehicle's theoretical PDOF, presented in both degrees and CDC clock directions. Other outputs include a theoretical Delta V and a theoretical Common Velocity. The theoretical Delta V shows the maximum Delta V for the given speeds and weights assuming a dead center impact. For special crash investigation purposes, the last two outputs should be essentially ignored.

Use: The TRC uses this program on nonaxial collisions involving two vehicles to vary the *"less established inputs"* in order to determine what theoretical affect these changes have on our field observed PDOFs. The most solid input is the weights of the respective vehicles. Even though the cargo weight is rarely accurately known, its order of magnitude is such that in the vast majority of crashes its affect is minor. The next solid inputs are the vehicle's heading angle and slip angle. In most cases these are fairly well known from the available physical evidence. The least solid input is the vehicle's speed. The submitted iterations show the inputs and what variations to those inputs that the TRC took into consideration. The PDOF outcomes are then compared with our field observed PDOF and adjustments are made, if necessary, in our final coding.

Purpose: This program is but one more tool in the hands of a researcher aimed at providing the best data.

Appendix B:

NATIONAL TRANSPORTATION SAFETY BOARD'S FINAL REPORT

INTERVIEWEE AND LOCATION LEGEND

O₁ indicates the case vehicle's driver

O₂ indicates the case vehicle's right front passenger

O₃ indicates the case vehicle's left second seated passenger

O₄ indicates the case vehicle's other second seated passenger

O₅ indicates the case vehicle's center second seated passenger

City₁ indicates the location of the crash

City₂ indicates the location from which this trip originated

City₃ indicates where the case vehicle's driver works

Road indicates the name of any highway, street, or road

1 INVESTIGATOR [REDACTED]: ^{O₁} [REDACTED] if you could in your own words just
2 describe the events of that night, like where y'all were going and coming from and how
3 the accident occurred.

4 ^{O₁} [REDACTED]: We were leaving [REDACTED] in ^{city₂} [REDACTED] We had just stopped to
5 get some fireworks and stuff like that, and we were headed home. And I don't know that I
6 took the ^{Road} [REDACTED]

7 INVESTIGATOR [REDACTED]: Well, that's old ^{Road} [REDACTED] and --

8 ^{O₁} [REDACTED]: Okay. ^{Road}

9 INVESTIGATOR: ^{Road} [REDACTED], they call it different things. It's old
10 [REDACTED] is actually what it used to be.

11 ^{O₁} [REDACTED]: And we were headed home. It was about between [REDACTED] and
12 [REDACTED] clock at night. And the guy didn't have no headlights or nothing on. He hit us.
13 That's all. It was just that instant, you know, I didn't really see him. It was not expected.

14 INVESTIGATOR [REDACTED]: The other vehicle didn't have his headlights on?

15 ^{O₁} [REDACTED]: No.

16 INVESTIGATOR [REDACTED]: Okay. And it was dark?

17 ^{O₁} [REDACTED]: Dark. Between [REDACTED] and [REDACTED]

18 INVESTIGATOR [REDACTED]: Okay. Did -- do you think you had a chance to hit
19 your brakes before the accident?

20 ^{O₁} [REDACTED]: A little bit, not much.

21 INVESTIGATOR [REDACTED]: Yeah. And do you remember swerving at all one
22 way or the other?

23 ^{O₁} [REDACTED]: No. Because if I would have went that way, I would have
24 hit somebody head on. If I would have went that way I would have went into a ditch.

25 INVESTIGATOR [REDACTED]: And you were travelling from ^{city₂} [REDACTED] back

1 towards ^{City 1} [REDACTED]

2 ⁰¹ [REDACTED] Yeah.

3 ⁰⁵ [REDACTED] Coming home.

4 INVESTIGATOR [REDACTED]: And then -- about how fast were you going prior
5 to the accident?

6 ⁰¹ [REDACTED]: About 35 miles per hour.

7 INVESTIGATOR [REDACTED]: Okay. And who all was in the car with you that
8 night?

9 ⁰¹ [REDACTED] Me, and my son ⁰² [REDACTED] and ⁰⁴ [REDACTED] she's my daughter
10 and my mom and dad. ⁰³ ⁰⁵

11 INVESTIGATOR [REDACTED]: How old is ⁰² [REDACTED]?

12 ⁰¹ [REDACTED] Four.

13 INVESTIGATOR [REDACTED]: Let's see, the police report shows that his date of
14 birth is [REDACTED] is that right?

15 ⁰¹ [REDACTED] Uh-huh.

16 INVESTIGATOR [REDACTED]: So, do you remember how tall? His height and
17 weight?

18 ⁰¹ [REDACTED] He was 50 pounds and 4 feet tall. ⁰⁴

19 INVESTIGATOR [REDACTED] Four feet tall. And ⁰⁴ [REDACTED] your daughter,
20 how old is she?

21 ⁰¹ [REDACTED] She's five.

22 INVESTIGATOR [REDACTED]: And what's her height and weight.

23 ⁰¹ [REDACTED] I not sure of her height, but she was 61 pounds.

24 INVESTIGATOR [REDACTED]: 61 pounds?

25 ⁰¹ [REDACTED] Yeah.

1 INVESTIGATOR [REDACTED]: Can you give an approximate height?

2 ⁰¹ [REDACTED] About the same as ⁰² [REDACTED] maybe a little bit taller.

3 INVESTIGATOR [REDACTED]: And, I know I'm not supposed to ask a lady this,
4 but your height -- what is your height and weight.

5 ⁰¹ [REDACTED] About 5'7 and 1/2; about 130 pounds, 132 pounds.

6 INVESTIGATOR [REDACTED]: The -- Could you describe who was sitting where
7 in the van?

8 ⁰¹ [REDACTED] I was driving. ⁰² [REDACTED] was in the front with me. ⁰³ My mom
9 was directly behind me. And I really don't know from that, I think my dad was in the
10 middle and ⁰⁴ [REDACTED] was by the door.

11 ⁰⁵ [REDACTED] And ⁰⁴ [REDACTED] was just behind ⁰² [REDACTED]

12 ⁰¹ [REDACTED] That's what I told him yesterday on the phone. I really
13 honestly was not paying attention, because I didn't expect this, so I really don't know. I
14 just know where ⁰² [REDACTED] was and I know where I was.

15 INVESTIGATOR [REDACTED]: So you are on the right rear and your wife is on
16 the left rear?

17 ⁰⁵ [REDACTED] Yeah. No.

18 ⁰¹ [REDACTED] ⁰³ My mom was behind me.

19 ⁰⁵ [REDACTED] ⁰¹ [REDACTED] was here. I was next to ⁰³ [REDACTED] The reason why we were
20 sitting like that -- when we left, them kids were in the seat belts and the way it was.

21 It was ⁰³ [REDACTED] ⁰⁵ myself and ⁰⁴ [REDACTED]

22 INVESTIGATOR [REDACTED]: Okay.

23 ⁰⁵ [REDACTED] And like I said after that -- to that point the only thing I can tell you
24 other than that, was that I seen a van coming without headlights and when it first -- when I
25 seen it first, I said, ⁰¹ [REDACTED] watch that van." And he had crossed the white line. Then he

1 went back over and I didn't see anything else and then, I know he said, "He was making a
2 turn." I don't know whether he was or not.

3 The reason I don't believe he was is because he was coming like this -- like
4 I said -- back here he crossed, then he got back over and I didn't say another word and, I
5 mean, just that quick, it was just like he just aimed the car at us. I'm not saying he did
6 that. I mean, (inaudible). And I'm not saying he did that, I mean it was cheaper than this
7 car on the lot.

8 INVESTIGATOR [REDACTED] Having talked to some of the police and some of
9 the paramedics. They've questioned you before and there's some discrepancies and
10 they've talked to several people. There seems to be an indication that y'all stopped for
11 fireworks and maybe after that the kids may not have buckled up or they took them off at
12 some point. Did you see the kids --

13 ⁰⁵ [REDACTED] Them kids were always -- and anybody that's got kids knows this --
14 they've got good use of themselves and they were always taking them off and buckling
15 them up. You'd have to holler at them, you know, I mean, it wasn't just like they were
16 perfect human beings sitting there with their seat belt on, you know, they did take them off
17 and put them back on and stuff like this. When we left [REDACTED] -- and see, where ⁰¹ [REDACTED]
18 got the --

19 ⁰¹ [REDACTED] We got the fireworks first.

20 ⁰⁵ [REDACTED]: We got the fireworks on the way to ^{city 2} [REDACTED] We went down --
21 straight down the other road and came up beside ^{city 2} [REDACTED] and they had a firework
22 stand there. And we got the fireworks and then we went to ^{city 2} [REDACTED] and we ate at ⁰² [REDACTED]'s and
23 then we came back. And when we left ⁰² [REDACTED]'s ⁰² [REDACTED] was in the seat belt. I know ⁰¹ [REDACTED]
24 was and I did -- I don't think ⁰¹ [REDACTED] is -- she may have I don't think. I really pay a whole
25 attention there about it.

1 I just know ⁰¹ [REDACTED] told us -- ⁰¹ [REDACTED] -- We all got the van and she started
 2 to back up. She said, "⁰² [REDACTED], put your seat belt." He put it on. Before we got out of the
 3 parking lot he had taken it off. And she stopped up there and she said, "Put your seat belt
 4 back on." And he buckled it back up. From there to there everybody was talking about
 5 their sparklers and everybody was just talking, you know, in general. I don't know what
 6 all we said. So he could have unbuckled before we had got off going on the freeway. I
 7 mean, I don't know. I honestly don't know.

8 INVESTIGATOR [REDACTED]: The last verbal description was given by Mr.
 9 ⁰¹ [REDACTED]'s grandfather -- or excuse me, ⁰¹ [REDACTED] ⁰⁵ [REDACTED]'s father.

10 INVESTIGATOR [REDACTED]: ⁰¹ [REDACTED] do you remember whether or not you had
 11 your seat belt on?

12 ⁰¹ [REDACTED]: We actually all did. But I took mine off for a while, so no, I
 13 wouldn't have.

14 INVESTIGATOR [REDACTED]: That's kind of like -- the purpose of this interview
 15 is give a chance to clear up the facts, because some people had told me different things.
 16 The police officer indicated to me that you had told him at one time that both the girls -- I
 17 mean, excuse me, that ⁰⁴ [REDACTED] and ⁰² [REDACTED] both the children were in the right front seat,
 18 sharing the same seat. Did you ever tell him that?

19 ⁰⁵ [REDACTED]: Not that I know of. No, I don't believe it from me -- I know he got
 20 that -- And I wouldn't say that to talk to -- ^{Investigating} [REDACTED] did a great job on the criminal side
 21 of this. ^{Officer}

22 INVESTIGATOR [REDACTED]: Yes.

23 ⁰⁵ [REDACTED]: You know, see there again --

24 INVESTIGATOR [REDACTED]: He talked to y'all when y'all were upset, I realize
 25 that.

0
5 [REDACTED] And when I was in that hospital the only thing I kept doing is I
wanted to get up, because I wanted to check on ⁰² [REDACTED] They had ⁰³ [REDACTED] off in X-ray -- I
didn't know where she was at, and I mean, it was just like people were asking me
questions, "Do you hurt here? Do you hurt there? What happened?" And I was just
saying everything, you know what I mean? And I said, "Where's ⁰² [REDACTED] And then like I
started to go ahead and walk over there and they had them interns come over and I mean I
forced them aside. They said, "You can't go out of the room yet." You know, I guess
they was still running tests and stuff. But I mean, I was interested in ⁰² [REDACTED] is what I was,
because I knew he was in bad shape.

01
10 INVESTIGATOR [REDACTED]: Going back to the accident, [REDACTED] Tell me
11 exactly what you remember after the accident, when the crash is over with.

02
12 01 [REDACTED]: I grabbed [REDACTED] out of the van and ran --

13 INVESTIGATOR [REDACTED]: You picked him up from where you were sitting
14 or did you go around and open his door?

01
15 [REDACTED]: I went around and opened his door.

16 INVESTIGATOR [REDACTED]: Do you remember unbuckling the seat belt at all?

01
17 [REDACTED]: Um -- that's what I told him, yeah. Because that's one
18 thing, I didn't wear mine all the time, but my kids wore their seat belts. Because a lot of
19 people have asked me that and it's really aggravating. But he -- when I pulled him out he
20 had like -- he was like laying there, but he had like one foot in there.

21 INVESTIGATOR [REDACTED]: One foot in there?

01
22 [REDACTED]: In the seat belt, yeah.

23 INVESTIGATOR [REDACTED]: Okay.

01
24 [REDACTED]: So to get him out -- I mean, I might not have had to have
25 actually undone the seat belt to get him out, but I did undo it to go with him and I ran

1 through (inaudible).

2 INVESTIGATOR [REDACTED]: Let me make sure I'm clear on that. Did you lift
3 him out of the seat belt or did you unbuckle it?

4 O₁ [REDACTED]: I unbuckled the seat belt.

5 INVESTIGATOR [REDACTED]: You unbuckled the seat belt?

6 O₁ [REDACTED]: I undid it, because his foot was like all around it.

7 INVESTIGATOR [REDACTED]: When you say you, "undid it," do you mean you
8 pulled the (inaudible) away from his foot or did you actually have to unbuckle it?

9 O₁ [REDACTED]: No. I unbuckled it and pulled him out.

10 INVESTIGATOR [REDACTED]: Okay. The -- Do you remember where -- [REDACTED]
11 your daughter [REDACTED] O₄

12 O₁ [REDACTED]: She was in the back.

13 INVESTIGATOR [REDACTED]: But after the crash?

14 O₁ [REDACTED]: Um.

15 INVESTIGATOR [REDACTED]: This (inaudible) indicates her head hit the
16 windsheild. I was trying to see where she was laying out after the crash.

17 O₁ [REDACTED]: Um. The only thing I could -- you see, I heard her crying. I
18 heard my mom and dad, but I wasn't -- it sounds terrible -- but I wasn't worried about all
19 of them. I mean, I ran around to get [REDACTED] I mean, I knew she was okay, I heard her so --
O₃ O₅ O₂ O₄ O₄

20 INVESTIGATOR [REDACTED]: Okay. And then --

21 O₁ [REDACTED]: I mean, I remember her standing up in the van after all --
22 after everything was done because she undid my mom's seat belt, because she was trying
23 to get my mom out of the van. O₃ O₄

24 INVESTIGATOR [REDACTED]: [REDACTED] did? O₄

25 O₁ [REDACTED]: Yeah. And my mom was yelling, she couldn't move. She O₃

1 thought the van was on fire because of the air bags.

2 INVESTIGATOR [REDACTED] Smoke?

3 ⁰¹ [REDACTED] ⁰⁴ Yeah. And my daughter was scared trying to get my mom ⁰³
4 out of the van.

5 INVESTIGATOR [REDACTED] ⁰⁵ what do you remember right
6 after the crash?

7 ⁰⁵ [REDACTED] I remember -- there again, it seems like a blank. What I remember
8 was I immediately got up and swung the door open.

9 INVESTIGATOR [REDACTED] The sliding door?

10 ⁰⁵ [REDACTED] ⁰³ Yeah. And [REDACTED] ⁰³ was leaning over like this. And I said, "[REDACTED]
11 ⁰³ [REDACTED]" And when she answered me, ⁰¹ [REDACTED] had done went around and was hollering,
12 ⁰² "My son, my son." She was carrying him. So I ran behind her and then by this time
13 people -- or seems like to me people were coming out of the house. And so I ran back
14 over to the van. I said, "[REDACTED] ⁰³ are you all right?" Again, I new ⁰⁴ [REDACTED] was because
15 she was up.

16 INVESTIGATOR [REDACTED] ⁰⁴ Let me stop you real quick. Where was [REDACTED]

17 [REDACTED] at when you first saw her?

18 ⁰⁵ [REDACTED] When I first saw her?

19 INVESTIGATOR [REDACTED]: Yeah.

20 ⁰⁵ [REDACTED] ⁰³ She was standing there -- [REDACTED] was, like I said, leaning up like
21 this and ⁰⁴ [REDACTED] ⁰³ was, "Come on, Grandma, you've got to get out of the van." Or
22 something to that effect. I mean, I'm not --

23 INVESTIGATOR [REDACTED] She was standing up in that area?

24 ⁰⁵ [REDACTED] ⁰¹ Yeah. Right behind what would have been [REDACTED] ⁰³ s seat. Because
25 ⁰³ [REDACTED] ⁰³ was leaned up against the van on that side, like this. So then [REDACTED] ⁰³

1 didn't say, "I'm all right." Or anything like that. I just heard her say -- I don't know what
 2 she said, but I knew she was conscious and talking. So I ran back up to the yard and
 3 looked at ⁰² [REDACTED] and by that time, I think that boy was doing CPR. So I asked him, I said,
 4 "Is anybody got a phone I can use?" And this woman said, "I do," and she said, "What
 5 number?" She ran inside and dialed it and handed me the phone and I called my daughter,
 6 ^{other relatives} [REDACTED] and told them what happened and to get down there. And then I ran
 7 back out and I ran back over to the van. I said, ⁰³ [REDACTED] ⁰³ [REDACTED] And everybody coming
 8 up and saying, "Don't worry about them, you sit down." You know stuff like that. People
 9 -- flash -- those doggone cameras were flashing. I mean, it's like everything kind of like
 10 whizzes. You know what I'm saying?

11 INVESTIGATOR ⁰⁴ [REDACTED] Like I said, it looked like [REDACTED] hit her head
 12 on the windsheild. Did y'all see some glass in her face?

13 ⁰¹ [REDACTED] Huh-uh.

14 INVESTIGATOR [REDACTED]: No.

15 ⁰¹ [REDACTED]: I don't think -- there again.

16 ⁰³ [REDACTED]: She had things around her stomach -- at the hospital -- she was in
 17 the seat belt. It pushed her stomach. She was worried about what happened --

18 ⁰¹ [REDACTED]: They had to put a tube.

19 ⁰³ [REDACTED]: I know -- I know -- I know -- I mean, I've gone over this a hundred
 20 times in my mind. I know exactly what happened. He came toward us -- the minute that
 21 he came toward us, it was just like he didn't have no lights on or nothing. She was in a --
 22 I guess, what she thought that I was hurt because the airbag exploded. The one on

23 ⁰¹ [REDACTED] side exploded -- it did something, exploded. It burnt my leg all in the back. And
 24 I thought the van was on fire. And she was trying to get me out. At that point, ⁰⁴ [REDACTED] ⁰⁵ [REDACTED] or
 25 somebody -- there was a man with a mustache, that had a real long mustache -- and he's

1 the one that did my seat belt.

2 INVESTIGATOR [REDACTED] He's the one that did your --

3 ⁰³ [REDACTED] He's the one that unhooked my seat belt and helped me. Then the
4 medical man that came in there, he's the one that lifted me up. But she had done been out
5 and in -- back in the van twice. Disappearing, because she was looking for her [REDACTED]
other relative

6 [REDACTED]
7 INVESTIGATOR ⁰⁴ [REDACTED]: She was sitting right next to you? ⁰⁴ [REDACTED]

8 was?

9 ⁰³ [REDACTED] Yes.

10 INVESTIGATOR [REDACTED] And you're saying that she was seat belted?

11 ⁰³ [REDACTED] No. ⁰⁴ [REDACTED] had already been out. ⁰⁵ [REDACTED] had already
12 (inaudible). She was in and out of the van.

13 ⁰⁵ [REDACTED] Yeah. I know she was in and out of the van, but I don't think that's
14 what he's asking.

15 INVESTIGATOR ⁰⁴ [REDACTED] Do you remember if [REDACTED] was seat belted, [REDACTED]

16 [REDACTED]
17 ⁰¹ [REDACTED] Mom?

18 INVESTIGATOR ⁰⁴ [REDACTED] Do you remember if [REDACTED] was seat belted?

19 ⁰³ [REDACTED] Yes, she was.

20 ⁰⁵ [REDACTED] She was sitting --

21 ⁰¹ [REDACTED] She was sitting behind [REDACTED]

22 ⁰⁵ [REDACTED] You know -- and I know myself, because I went down there the
23 next day and I noticed there were three hit places in the windsheild. I know one is

24 ⁰² [REDACTED] The only other one could be her, because it was directly by the steering wheel the
25 best I remember.

1 INVESTIGATOR [REDACTED] Yeah. But there's one right in the middle.

2 05 [REDACTED] I know there is. And the only thing I can figure, when I went to the
3 hospital that night and this is probably -- I should have had tests run -- but like I said, I
4 was trying to check on everybody else. But my head hurt, right dead on the top for, I
5 know, a week and a half. And I even told them that night, but I don't know if they wrote
6 it down or not. And I mean, it was like somebody just hit you on top of the head. I just
7 figured that I hit the roof of the van or something.

8 INVESTIGATOR [REDACTED] So you think you might have been thrown into it?

9 05 [REDACTED] I might have been the one. I'm not going to say one hundred
10 percent, because honest to God, I don't know..

11 INVESTIGATOR [REDACTED] And you were in the second seat then as well?

12 05 [REDACTED] In the middle.

13 INVESTIGATOR [REDACTED]: Okay. Review again the second seat.

14 05 [REDACTED] Yeah. That's 01 02 03 05 04 [REDACTED] Just like
15 that.

16 INVESTIGATOR [REDACTED] What's your height and weight?

17 05 [REDACTED] 5'11 and before this -- I think I'm down now, but I think when that
18 accident happened, I think it was 205.

19 INVESTIGATOR [REDACTED] And your wife's height and weight?

20 05 [REDACTED] She's about 5'6 and I think 183.

21 INVESTIGATOR [REDACTED] Okay. Did the position of the shoulder strap,
22 buckle -- what we call the guide loop, is adjustable. Do you remember who adjusted it?

23 02 This is for [REDACTED] position, the right front.

24 01 [REDACTED] What do you mean who?

25 INVESTIGATOR [REDACTED] It's got what is called an adjustable guide loop or

1 "D" ring. You can push a button and move it up and down on a track. That way a smaller
2 child can wear the shoulder strap, without it rubbing on his face or whatever.

3 O, [REDACTED] Oh.

4 INVESTIGATOR [REDACTED]: This thing was adjusted in the midway position.
5 Did he learn how to do that himself? Or did you teach him how? Or did you even know
6 about it?

7 O, [REDACTED] No. I mean, I moved it a lot when I cleaned the van, but, no,
8 he didn't really mess with it a lot.

9 INVESTIGATOR [REDACTED]: Somebody adjusted that. He may have done it
10 himself. You didn't teach him how to do it?

11 O, [REDACTED] Huh-uh.

12 INVESTIGATOR [REDACTED]: Okay. The -- Did you buy that car new?

13 O, [REDACTED] Brand new.

14 INVESTIGATOR [REDACTED]: Brand new? It had a -- I'm assuming it had an
15 owner's manual in it?

16 O, [REDACTED] Yes.

17 INVESTIGATOR [REDACTED]: Did you ever read or -- do you ever remember
18 reading about the occupant restraint system? The airbags and the seat belts? In the
19 owner's manual, what it says about it?

20 O, [REDACTED] Me and my dad, when we first got it, went through it a little
21 bit -- just a little bit. I never --

22 O, [REDACTED] Mostly the oil and the mechanic parts of it. I kept the oil changed
23 in it and stuff like that.

24 O, [REDACTED] Yeah.

25 INVESTIGATOR [REDACTED]: You work -- your attorney was telling me you

1 work for [REDACTED]

2 O₁ [REDACTED] Yeah.

3 INVESTIGATOR [REDACTED] Is that over in the [REDACTED] ^{city₃} plant?

4 O₁ [REDACTED] Yes, in ^{city₃} [REDACTED]

5 INVESTIGATOR [REDACTED] Yeah. I was noticing there was quite few miles
6 on the van, when you drive it back and forth every day?

7 O₁ [REDACTED] Yes.

8 INVESTIGATOR [REDACTED] How many miles is that over there?

9 O₁ [REDACTED] 71 miles.

10 INVESTIGATOR [REDACTED] One way?

11 O₁ [REDACTED] Yeah.

12 INVESTIGATOR [REDACTED] Oh, okay. How many miles is it from here to
13 where y'all were eating at in ^{city₂} [REDACTED], the night of the accident?

14 O₁ [REDACTED] Um. About 15 miles, 20.

15 O₅ [REDACTED] Between 15 and 18. I tell you what throws me off, I thought it was
16 about 18 miles, but the other day when they delivered our summons to appear in court, the
17 sheriff -- I noticed he had on there -- you know how they put the mileage and everything at
18 the top of the summons -- it had 35 miles. I don't know if he meant round trip or what.

19 The sheriff comes out of ^{city₂} [REDACTED]

20 O₁ [REDACTED] That's not 15.

21 INVESTIGATOR [REDACTED] They may come out of ^{Other city} [REDACTED] I don't know for
22 sure.

23 O₅ [REDACTED] Oh, do they?

24 INVESTIGATOR [REDACTED] I'm not sure. What kind of car did you have
25 before this one?

1 O [REDACTED] A Monte Carlo.

2 INVESTIGATOR [REDACTED]: Monte Carlo? What year was that, do you
3 remember?

4 O [REDACTED] '78?

5 OS [REDACTED] No. It was like an older one.

6 INVESTIGATOR [REDACTED]: It didn't have an airbag in it, though, did it?

7 OS [REDACTED] No.

8 O [REDACTED] No.

9 INVESTIGATOR [REDACTED]: Now, you had this one since --

10 O [REDACTED] 1995.

11 INVESTIGATOR [REDACTED]: 1995?

12 O [REDACTED] No, it was in [REDACTED] sometime. I started [REDACTED] so it
13 was in [REDACTED]

14 OS [REDACTED] All I got to do is call (inaudible).

15 INVESTIGATOR [REDACTED]: How many miles have you approximately driven
16 in the past 12 months in that car.

17 OS [REDACTED] That van had 69,000 miles on it.

18 INVESTIGATOR [REDACTED]: Out of 69-, how many miles have you driven out
19 of the past 12 months -- last year?

20 O [REDACTED] How many have I put on in the last year?

21 INVESTIGATOR [REDACTED]: Right.

22 O [REDACTED] About 69,000.

23 INVESTIGATOR [REDACTED]: When did you buy it?

24 O [REDACTED] 1995.

25 INVESTIGATOR [REDACTED]: And you bought it from the factory?

1 O₁ [REDACTED] Yeah.

2 INVESTIGATOR [REDACTED] What kind of injuries did you get, O₁ [REDACTED]

3 O₁ [REDACTED] My legs were swole -- I couldn't walk the next day. I
4 though I was like paralyzed or something. But my legs were real swollen and I still have a
5 blood clot in this one.

6 INVESTIGATOR [REDACTED] Which one?

7 O₁ [REDACTED] In my left one.

8 INVESTIGATOR [REDACTED] Is it left knee or lower leg?

9 O₁ [REDACTED] My knee still gives out, I have a lot of trouble with it.

10 INVESTIGATOR [REDACTED] We saw where it went into the lower --

11 O₁ [REDACTED] It's in the van?

12 INVESTIGATOR [REDACTED] Yeah.

13 O₁ [REDACTED] Wow.

14 INVESTIGATOR [REDACTED] We can see where you hit your knee at. Oh, yeah.
15 Who was wearing red clothes the night of the accident.

16 O₅ [REDACTED] This -- somebody said that and we've still got O₂ [REDACTED] clothes, you
17 know, the hospital gave it back. Nobody -- and I had this shirt on so that's blood stain.
18 This is the shirt I had on and the pants.

19 O₁ [REDACTED] I have my clothes still up there. I was wearing an Army-
20 green shirt, and black shorts.

21 O₅ [REDACTED] Nobody had red on, is what I am trying to say. I don't know where
22 -- see there was -- I mean, I don't know how much time elapsed --

23 O₁ [REDACTED] She had a gray shirt on.

24 O₅ [REDACTED] -- from the time it hit, but there was so many people, you know
25 what I'm saying. I'm talking about people stopping, paramedics.

1 ⁰³ [REDACTED] There was people in that van, taking pictures. Like this one
2 woman -- and I kept telling them after that, there was somebody taking pictures and they
3 said, "Oh, you're just --" There was somebody in there taking pictures. Well, I didn't
4 know that the lady that has got -- what is his name, ⁰⁵ [REDACTED] [REDACTED]

5 ⁰⁵ [REDACTED] Oh, no. You're talking about (inaudible) he's just a cop.

6 ⁰³ [REDACTED] Well, anyway she said that it was from the fire department. They
7 were in there taking pictures. But there was all kinds of people in that van.

8 ⁰⁵ [REDACTED] As far as the red, nobody -- And you're sure it wasn't blood?

9 INVESTIGATOR [REDACTED] Now, it might have been some kind of paper
10 fabric off the fireworks or something like that, but it was looking like cloth or something.

11 ⁰⁵ [REDACTED] Well, I would know the fire --

12 ⁰¹ [REDACTED] They were in back.

13 ⁰⁵ [REDACTED] ⁰² We kept [REDACTED] fireworks, you know, we put them up in his room.
14 And so we've still got all them. And I don't know -- the next day I went down to pick
15 them up, and I don't know -- there again, when we left ^{city} [REDACTED] the fireworks were in
16 between the seats, you know what I mean? Sitting in the middle?

17 INVESTIGATOR [REDACTED] Yeah.

18 ⁰⁵ [REDACTED] When I went to get them the next day down at ^{the tow facility} [REDACTED] the fire
19 works were behind the passenger seat, over by the -- I don't know if people, before they
20 moved it, tried to put everything in there and close everything up before they towed it off
21 or what.

22 INVESTIGATOR [REDACTED] Yeah. What other injury besides your left knee?

23 ⁰¹ [REDACTED] I had a little bit of -- like a little cut here, but it was nothing
24 major.

25 INVESTIGATOR ⁰⁴ [REDACTED] How about [REDACTED] what kind of injuries did

1 she get?

2 O₁ [REDACTED] She had a big old burn -- the hospital never really found out
3 what it was, if it was a cut or burn on her arm, and they said she had to have plastic
4 surgery.

5 INVESTIGATOR [REDACTED] Which arm was it?

6 O₁ [REDACTED] Her left. Her left.

7 INVESTIGATOR [REDACTED] Is it still on there?

8 O₁ [REDACTED] Oh, yeah.

9 INVESTIGATOR [REDACTED] Let's go look at it. Is it around her elbow?

10 O₁ [REDACTED] It's right here. And she had a bruise right here.

11 INVESTIGATOR [REDACTED] It's her right arm. The hospital records say it's
12 the right.

13 O₁ [REDACTED] Right?

14 INVESTIGATOR [REDACTED] Right forearm. Let's got back to that seat belt a
15 minute. Is there any -- the physical evidence pretty clearly shows that you son head went^{O₂}
16 into the windsheild, up at the top --

17 O₅ [REDACTED] It was her right arm.

18 INVESTIGATOR [REDACTED]: --is there any way he could have got out of the
19 seat belt with it still being buckled? Had you ever seen him do that before?

20 O₁ [REDACTED] When he was little, he would sneak around and my nephew
21 he done it a couple of days ago since he was griping at he done it. Yeah. I mean, it's been
22 done. To tell you -- I mean, I don't know. But, I mean, he had --like a kid he has done it
23 before.

24 O₅ [REDACTED] O₃ [REDACTED] says, do y'all want to see a picture of him -- would that
25 help?

1 INVESTIGATOR [REDACTED]: I saw the one out back, he looks like a pretty big
2 boy.

3 03 [REDACTED] No. I think it's pretty recent.

4 01 [REDACTED] Oh, yeah we had that made.

5 03 [REDACTED] It's wrote like a scripture out of the bible.

6 INVESTIGATOR [REDACTED]: What color is that fireworks bag?

7 05 [REDACTED] Do you want me to go up and get it?

8 INVESTIGATOR [REDACTED]: Let me look at it, would you?

9 05 [REDACTED] Do you want to see his clothes?

10 01 [REDACTED] His clothes?

11 INVESTIGATOR [REDACTED]: Yeah. It might be helpful, we'll look at them
12 when we get done. I don't want to have them laying around out here. I don't want to
13 upset her or anything.

14 01 [REDACTED] I'm okay. I have my nerve pills, so I'm okay.

15 03 [REDACTED] You have to just accept things.

16 01 [REDACTED] 04 [REDACTED] show the man your arm right here.

17 04 [REDACTED] No way, you little stinky butt.

18 05 [REDACTED] Now, here's one of them. The fireworks were in a brown paper
19 bag.

20 INVESTIGATOR [REDACTED] Like what you would think, a grocery store bag?

21 05 [REDACTED] Yeah. And that's what they all consisted of.

22 INVESTIGATOR [REDACTED] 02 [REDACTED] Could [REDACTED] maybe have been holding one of
23 these in his hands?

24 01 [REDACTED] Maybe. It's possible.

25 INVESTIGATOR [REDACTED]: I don't see any marks.

1 O1 [REDACTED] Can I smoke? Will it bother anybody?

2 INVESTIGATOR [REDACTED] Let me put these fireworks up first. No, it
3 wouldn't bother me at all. I don't see anything on there, O1 [REDACTED] That's what I
4 wanted to look at.

5 O1 [REDACTED] He wanted to see his clothes.

6 O5 [REDACTED] Let me get the bag with his clothes.

7 O1 [REDACTED] Where's the brown bag at?

8 O5 [REDACTED] I don't know that's how I got them out of the van.

9 INVESTIGATOR [REDACTED]: It was just like a grocery colored bag.

10 O5 [REDACTED] It was just a brown --

11 O1 [REDACTED] Kind of like sandwich bags.

12 O5 [REDACTED] It wasn't as big as a grocery bag, you know, about half that size.

13 INVESTIGATOR [REDACTED] O1 [REDACTED]: [REDACTED] what would you estimate -- you said you
14 tried to hit your brakes. How much would you have slowed up. Do you have any estimate
15 of how much you would have slowed up?

16 O1 [REDACTED] They said it was 16 feet.

17 O5 [REDACTED] A skid. I'm sure they know that. What he's asking -- I think he's
18 wondering --

19 O1 [REDACTED] It was like -- I mean, I didn't -- I didn't see him. So it
20 wasn't a slide. I put my brakes on right when I did see him, but it was like instant impact.

21 INVESTIGATOR [REDACTED]: So maybe just like from 35 to 30 or right
22 around --

23 O1 [REDACTED] Right between there.

24 INVESTIGATOR [REDACTED]: The evidence indicates that y'all were both -- you
25 got slowed down some. Obviously, you saw him at the last second, because your brake --

1 O, [REDACTED] Yeah.

2 INVESTIGATOR [REDACTED]: How fast do you think he was going?

3 O, [REDACTED] Him? About 40, he was going about five miles over the
4 speed limit.

5 INVESTIGATOR [REDACTED]: Why do you think that?

6 O, [REDACTED] Well, in one of the -- I think it -- Someone told me.

7 INVESTIGATOR [REDACTED]: You didn't really see him?

8 O, [REDACTED] No. But the minute I got out of my van, I knew he was
9 drunk. I immediately accused him of it, because I'd see him at the bar. He's there
10 everyday. I made a comment about it a week before.

11 INVESTIGATOR [REDACTED]: And what kind of work do you do at [REDACTED]

12 O, [REDACTED]: I do the back seats.

13 INVESTIGATOR [REDACTED]: Do you install them?

14 O, [REDACTED] Well, I put the (inaudible) and the bars where the seats slide
15 in. I put that in.

16 INVESTIGATOR [REDACTED]: The -- talking about the seat and teeth -- the seats
17 were pretty much in the position we found them. They were adjusted almost full rear they
18 were a couple of teeth forward of the back. You know how that bar slides. When you
19 adjust the seat it slides forward on those teeth. That's the front seat. You know how you
20 had them adjusted? Pretty much back? You're pretty tall.

21 O, [REDACTED] Yeah. I had mine back.

22 INVESTIGATOR [REDACTED]: All the way back between middle and rear?

23 O, [REDACTED] Between middle and all the way back.

24 INVESTIGATOR [REDACTED] How about where your son ⁰² [REDACTED] was sitting? Is
25 it pretty much back, do you think?

1 O₁ [REDACTED] That was pretty much back.

2 INVESTIGATOR [REDACTED]: And how about your seatbacks? Do you
3 normally have your seatback pretty much upright, or would you have been slightly
4 reclined?

5 O₁ [REDACTED] Mine? I usually have mine up.

6 INVESTIGATOR [REDACTED]: And how about the seat that O₂ [REDACTED] was in?

7 O₁ [REDACTED] It was reclined.

8 INVESTIGATOR [REDACTED]: Slightly or pretty far back, was he maybe going to
9 take a nap on the way home?

10 O₁ [REDACTED] No. Just slightly, not all the way back.

11 INVESTIGATOR [REDACTED]: And how about the tilt wheel, the steering wheel?
12 How do you normally -- you can have it all the way up, a couple notches down, all the
13 way down, set position?

14 O₁ [REDACTED] It wasn't directly like straight, it was like maybe one up.

15 INVESTIGATOR [REDACTED]: Okay. And you were all sitting upright, as far as
16 you know, you and O₂ [REDACTED] and everybody was not leaning to the left, leaning to the right.
17 Everybody was pretty much sitting up right, probably?

18 O₁ [REDACTED] Uh-huh. Yeah.

19 INVESTIGATOR [REDACTED]: The -- yeah, can I look at those clothes?

20 O₅ [REDACTED] Yeah. I'll go and get them.

21 INVESTIGATOR [REDACTED]: If -- ^{Attorney} [REDACTED] what I want you to do, on the
22 clothes -- the child's clothes -- y'all hold onto those and the vehicle. I'm not going to take
23 anything today. I'm going to go back and talk to my bosses and other staff people about
24 this. Basically, most of the physical evidence was that the child was not restrained. That
25 he was not wearing a seat belt. The physical evidence. The position that he was in, from

1 what we could see, he was very, very close.

2 Basically, what I'm saying is we may want to try to look at the clothing, to
3 see if it has any fibers, we might want to look at the seat belt and see if it has any fibers
4 from the airbag, the same with the clothing.

5 ⁰¹ [REDACTED] They say he had burns on his left ear, because I remember
6 asking what it was.

7 INVESTIGATOR ⁰¹ [REDACTED]: [REDACTED] did you lose any working days due to this
8 accident?

9 ⁰¹ [REDACTED] Uh-huh.

10 INVESTIGATOR [REDACTED]: And how many days have you lost and how many
11 more days (end of tape).

12
13
14
15 INVESTIGATOR ⁰⁵ [REDACTED] ⁰³ [REDACTED] were you and your wife and ⁰⁴ [REDACTED]
16 [REDACTED] -- were either of you belted in the back seat there?

17 ⁰⁵ [REDACTED] ⁰³ I guess. They say [REDACTED] was; I wasn't.

18 INVESTIGATOR [REDACTED] Okay.

19 ⁰⁵ [REDACTED] ⁰⁴ [REDACTED] was. There again, when we left ⁰⁴ [REDACTED] was,
20 whether she was then or not -- but I wasn't.

21 INVESTIGATOR [REDACTED]: Okay. Everybody was treated and released from
22 the hospital?

23 ⁰¹ [REDACTED] ⁰⁴ No. She was kept there a couple of days.

24 ⁰⁵ [REDACTED] No, just one and she was released the next day.

25 ⁰¹ [REDACTED] Oh, maybe the next day. It was later that evening, though.

1 INVESTIGATOR [REDACTED]: Is it because of the bruise she had or the burn or
2 what?

3 ⁰⁵ [REDACTED] No. She had a --

4 ⁰¹ [REDACTED] ⁰⁴ Her stomach was real swollen, they had to put a tube down
5 there and --

6 ⁰⁵ [REDACTED] ⁰⁴ -- tender stomach. That's why I think she was in a seat belt,
7 because of where those (inaudible) came from.

8 INVESTIGATOR [REDACTED]: Did you see a visible bruise on her abdomen?

9 ⁰¹ [REDACTED] I didn't really look, because they were around her trying to
10 get all that out of her -- because she had just ate so they were trying to get all that stuff out
11 of her.

12 INVESTIGATOR [REDACTED]: I mean, like the next day when she got home, did
13 you see any bruises on her?

14 ⁰¹ [REDACTED] No. I didn't really look.

15 INVESTIGATOR [REDACTED] ⁰⁵ [REDACTED] ⁰³ did you or your wife, did either of you
16 lose a working -- did you lose any working days?

17 ⁰⁵ [REDACTED] Yeah, oh gosh, with the funeral, I probably lost a couple of weeks,
18 two and a half, something like that.

19 INVESTIGATOR [REDACTED]: And you work five days a week?

20 ⁰⁵ [REDACTED] Usually -- well, usually six.

21 INVESTIGATOR [REDACTED]: So about a total of about 12 days approximately.

22 ⁰⁵ [REDACTED] Yeah.

23 INVESTIGATOR [REDACTED] ⁰³ And [REDACTED] is not working?

24 ⁰⁵ [REDACTED] No, she doesn't.

25 INVESTIGATOR [REDACTED]: Did you have any luggage or cargo in the car? I

1 know you said you just had the fireworks. Anything else that would add up to a
2 significant amount of weight? Any other --

3 O1 [REDACTED] A lawn chair.

4 INVESTIGATOR [REDACTED] A lawn chair?

5 O1 [REDACTED] That's it.

6 O5 [REDACTED] I think it's still in there; isn't it? Or did we get it out?

7 O1 [REDACTED] No. It's over there.

8 O5 [REDACTED] Oh, but it was all the way in back. I know that because they had
9 been on a floating trip or something, like a couple of weeks before this happened. So the
10 lawn chair was all the way back behind the cargo door or whatever you call it the back
11 door.

12 INVESTIGATOR [REDACTED] Did it fly forward or anything?

13 O5 [REDACTED] No. I know, because the next day I went to get all the personal
14 items, it was still behind that back seat.

15 INVESTIGATOR [REDACTED] In the recent weeks, O1 [REDACTED] there's been a lot of
16 -- they are starting to have some TV announcements about children and safety around
17 airbags, have you seen any of those?

18 O1 [REDACTED] Huh-uh.

19 INVESTIGATOR [REDACTED] The windows, did you -- were the windows open
20 at the time? Closed? The two front door windows?

21 O1 [REDACTED] I think I had the air on.

22 INVESTIGATOR [REDACTED] Okay. How often do you drive that particular
23 roadway? daily? weekly? once a month? twice a month? twice a week? In other words,
24 I'm trying to find out how familiar you are --

25 O1 [REDACTED] Yeah.

1 INVESTIGATOR [REDACTED] -- driving that roadway?

2 ⁰¹ [REDACTED] A lot of times -- most of the time I took the other road.
3 Maybe, three days a week.

4 INVESTIGATOR [REDACTED] Okay. Did you recall hitting the windsheild with
5 your head?

6 ⁰⁵ [REDACTED] No.

7 INVESTIGATOR [REDACTED] And, ⁰⁵ [REDACTED] ⁰³ do you recall you, your wife and
8 ⁰⁴ [REDACTED] may have, at the impact, what y'all hit to cause your injuries?

9 ⁰⁵ [REDACTED] You know it seems -- it seems -- and I don't know about them. It
10 seems like to me -- because the only thing I could see was that front of his van. I mean,
11 that's still vivid in my mind and it moved. But it seems like I went up and part of me
12 caught. Part of me caught the front of that seat.

13 INVESTIGATOR [REDACTED]: Which seat now would that have been?

14 ⁰⁵ [REDACTED]: ⁰² [REDACTED] And I guess, that's where, because they thought I had a
15 cracked or a broken rib. I guess, it was cracked, it seems to be all right now. And then it
16 hurt. I couldn't really breathe there at first. But then I don't know where the head thing
17 come in. The only thing that bothered me was the very top of me head and right here.

18 INVESTIGATOR [REDACTED]: Okay.

19 ⁰⁵ [REDACTED] And the only thing that I could figure out. I remember seeing -- to
20 be honest the only I can remember is seeing the front of his van and me trying to get the
21 heck out of the van. And it was just like that. You know, when this happened, you just go
22 over and go over and go over and that's what I come up with.

23 INVESTIGATOR [REDACTED] And how about ⁰³ [REDACTED], she was sitting to the
24 left?

25 ⁰⁵ [REDACTED] All the way behind ⁰¹ [REDACTED] seat.

1 INVESTIGATOR [REDACTED] And would she of -- at the accident she probably
2 went forward. Did she hit the seat back as well, do you recall?

3 O1 [REDACTED] She might have hit my seat.

4 INVESTIGATOR [REDACTED] Which would be your seat back.

5 O1 [REDACTED] She might have hit my seat.

6 INVESTIGATOR [REDACTED] Okay.

7 O5 [REDACTED] I don't know myself, but I mean, she could have very well have
8 because she was sitting directly behind it.

9 O1 [REDACTED]: It was like my airbag burned her. It didn't touch me.

10 O5 [REDACTED] Do you know the only thing I'll say about this and I didn't even
11 think about this until everybody started commenting about it. Did you notice how
12 O1 [REDACTED] airbag -- I mean, even after it was deflated -- did you know -- it's like a balloon,
13 when you blow it up, you can tell it's been blown up before.

14 Did you know that O2 [REDACTED] looked like a streamer?

15 INVESTIGATOR [REDACTED] They are a different design.

16 O5 [REDACTED] Oh, are they?

17 INVESTIGATOR [REDACTED] Yes.

18 O5 [REDACTED]: I mean, I didn't know, like I said, the next day when I went to get
19 all the stuff out of there I just seen that thing, it looked like a parachute that didn't open, it
20 looked like a streamer, I don't know.

21 INVESTIGATOR [REDACTED] Yeah. It has tethers inside of it that keep it from
22 coming out to far. They can deflate immediately. They begin to.

23 INVESTIGATOR [REDACTED] It's up and over within an 80th -- 80/100th of a
24 second or something like that.

25 O1 [REDACTED] See I don't even remember mine coming open.

1 INVESTIGATOR [REDACTED] Yeah. It's pretty clear. I can see some lipstick
2 imprints in the center of the bag.

3 INVESTIGATOR [REDACTED] And you didn't have an abrasions or anything to
4 your forehead or anything like that. Because it looked to be a little skin on the ^{back} ⁰⁹⁶, too,
5 above your lipstick mark.

6 01 [REDACTED] No.

7 INVESTIGATOR [REDACTED] And you said -- ⁰⁵ [REDACTED] said tha ⁰³ [REDACTED]
8 had a burn on her leg or something?

9 05 [REDACTED] Yeah.

10 01 [REDACTED] Third-degree burns.

11 05 [REDACTED] Yeah. ⁰³ [REDACTED] -- ⁰³ [REDACTED] come here.

12 01 [REDACTED] Second-degree burns.

13 05 [REDACTED] Let him see where that burn was. That you can still see it.

14 INVESTIGATOR [REDACTED] The back of your calf. And that's from the
15 airbag?

16 03 [REDACTED] Yeah.

17 INVESTIGATOR [REDACTED] Could that have been a brush burn or like against
18 the fabric of the car.

19 03 [REDACTED] No. In fact, if you sit down in the seat, your not going to --

20 01 [REDACTED] She felt it, because she thought she was on fire.

21 03 [REDACTED] I thought the van was on fire. To me, and those airbags, and I
22 know a lot of people think they are the best things in the world. To me, them things are
23 dangerous, you know what I mean?

24 INVESTIGATOR [REDACTED] Well, I don't know.

25 03 [REDACTED] Well, I never in my life anything go so -- it looked like the whole

1 van was on fire.

2 INVESTIGATOR [REDACTED] Because of the smoke and because you felt the
3 heat on the leg.

4 03 [REDACTED] Yeah. It burns your eyes and stuff this stuff does.

5 01 [REDACTED] See, I don't remember any of that.

6 INVESTIGATOR [REDACTED] What that is, is it's not really smoke. They pack
7 those bags in talcum powder so when it gets shot out all that smoke is nothing more than
8 talcum powder.

9 03 [REDACTED] That is scary.

10 INVESTIGATOR [REDACTED] So people think that's smoke.

11 INVESTIGATOR [REDACTED] Well, sometimes, they've been known to have
12 some hot gas come out of there.

13 INVESTIGATOR [REDACTED] Right.

14 INVESTIGATOR [REDACTED] Did you -- It was obvious whoever was sitting
15 behind the driver's seat, from the physical evidence, shows somebody slammed into the
16 seat pretty hard. Any chance you had your shoulder strap behind your back? I mean, you
17 told me you had your seat belt on earlier.

18 03 [REDACTED] No. I had my seat belt on. I think, when I seen him coming -- I
19 get paranoid when I'm in the car anyway -- but when I seen him coming towards like that,
20 I went and my arm -- I pushed on the seat, but that's how I broke my arm.

21 INVESTIGATOR [REDACTED] Did you get any abdominal bruises?

22 03 [REDACTED] No.

23 05 [REDACTED] Well, she's got a hernia from it, that's got to be operated on right
24 over here. As a matter of fact they called about that this morning. She's got to go to

25 [REDACTED] Hospital in City 3 [REDACTED] And we've got to get her hernia operated on.

1 INVESTIGATOR [REDACTED] It's just a fracture you have in your left wrist or is
2 that a sprain?

3 03 [REDACTED] Well, it was broke, it's been in a cast. Now it's in a splint. It was
4 broke and the fragments of the bone were -- it had been chipped off. The bone is chipped
5 in there.

6 INVESTIGATOR [REDACTED] Okay. 01 [REDACTED] 02 [REDACTED] your son [REDACTED] was he
7 unconscious immediately after the accident?

8 01 [REDACTED] Uh-huh.

9 05 [REDACTED] A woman in one of them houses all three of them --

10 01 [REDACTED] The third house by the railroad tracks.

11 05 [REDACTED] Was it the third one? She gave him CPR, he wasn't breathing.

12 She got him breathing. And the only reason I know that is because they told me. I don't
13 remember that.

14 INVESTIGATOR [REDACTED] Yeah.

15 05 [REDACTED] I remember before I went in that there was some woman that was
16 standing and she had blood all over her face. She'd been doing it.

17 01 [REDACTED] For somebody to do that -- to go to that extreme to try to
18 save somebody else.

19 INVESTIGATOR [REDACTED] This day and age when --

20 01 [REDACTED] That nobody --

21 INVESTIGATOR [REDACTED] She's a nurse or something.

22 01 [REDACTED] I think works up at City Hospital.

23 INVESTIGATOR [REDACTED] I didn't look at those clothes real close while ago.

24 Were those shorts or jean pants?

25 01 [REDACTED] Jean shorts.

1 INVESTIGATOR [REDACTED] N: Shorts?

2 01 [REDACTED]: Yeah.

3 INVESTIGATOR [REDACTED] Did you want me to take a couple of pictures of
4 those?

5 INVESTIGATOR [REDACTED]: Yeah. When we get ready to leave.

6 05 [REDACTED] And his shoes he had on there again -- They were kind of aqua
7 green and black. We've got them also. They were like thongs or sandals, you know what
8 I mean? Do you want to see them also?

9 INVESTIGATOR [REDACTED] N: Yeah.

10 05 [REDACTED]: 03 [REDACTED] get his sandals. Or do you want me to?

11 INVESTIGATOR [REDACTED] I'm going to go ahead and shut the tape of here,
12 the time is [REDACTED] a.m.

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Appendix C:

SELECTED PHOTOGRAPHS

A total of ninety color copies of photographs are presented and referenced as Photograph #01 through Photograph #90. Photographs numbered #12 through #20 were taken and made available by the applicable city police department. Photographs numbered #45 and #58 were taken and made available by the National Transportation Safety Board (NTSB). The remainder of these photographs were taken by the Transportation Research Center.



01: Case Vehicle's eastward path of travel in eastbound lane approximately 30 meters (98 feet) west of impact



02: Case Vehicle's eastward path travel in eastbound lane approximately 15 meters (49 feet) west of impact



03: Case Vehicle's eastward path of travel in eastbound lane approximately 5 meters (16 feet) west of impact



04: Case Vehicle's final rest position in eastbound lane heading east; NOTE: red indicates tire position, white bumper corners (right front tire, cell G4)



05: Westward view of Case Vehicle's eastward travel path from just beyond final rest position on south leg of cross intersection



06: Vehicle #2's westward path of travel in westbound lane approximately 30 meters (98 feet) east of impact



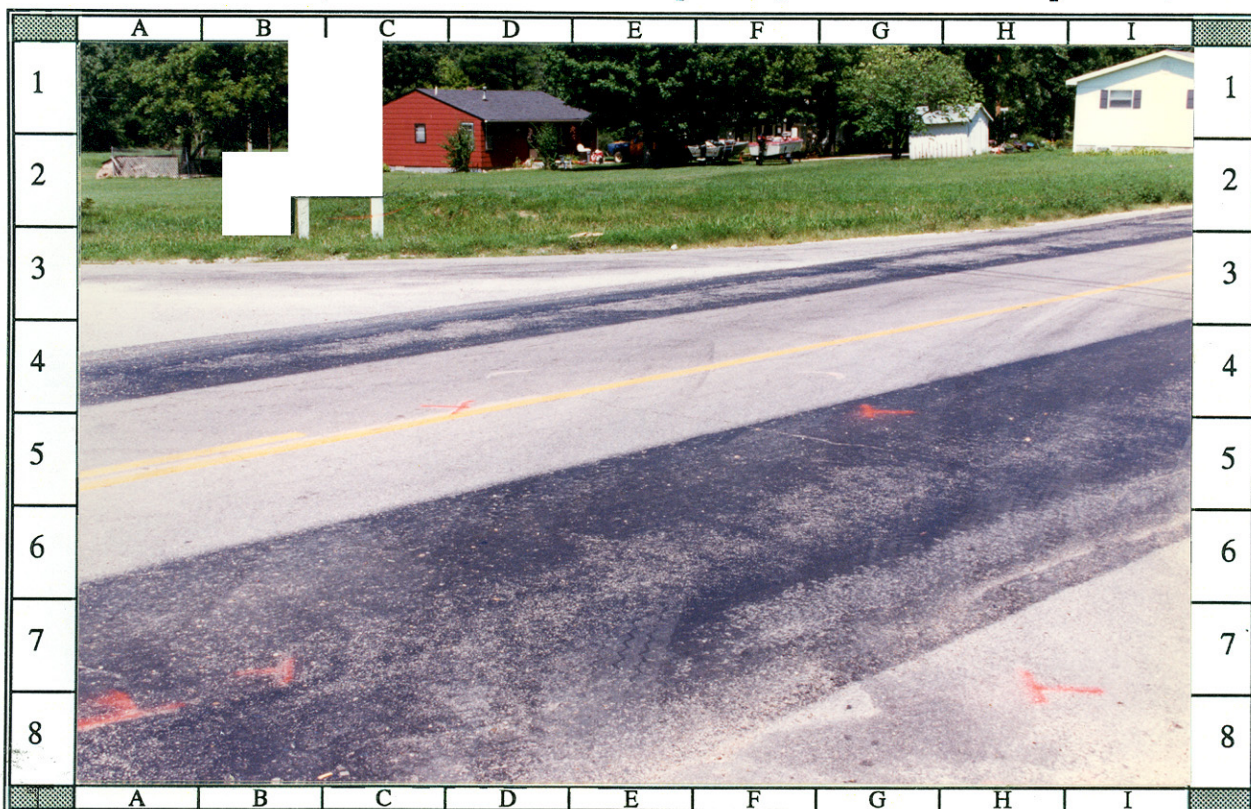
07: Vehicle #2’s westward path of travel in westbound lane approximately 15 meters (49 feet) east of impact



08: Vehicle #2’s west-southwestward path of travel from westbound lane turning left toward south leg of intersection, approximately 10 meters (33 feet) east of impact



09: Vehicle #2's final rest position heading southwest straddling the east and west-bound lanes; NOTE: red indicates tire position, white indicates bumper corners



10: Northeastward view of Vehicle #2's final rest position from just southwest of final rest position; NOTE: red indicates tire positions (right front tire, cell B7)



11: Eastward view of Vehicle' #2's westward travel path from west of final rest position taken along reference line



12: Eastward on-scene view of Case Vehicle (foreground) and Vehicle #2 (background) at final rest viewed from centerline of roadway



13: Northward on-scene view from south leg of intersection showing Case Vehicle and Vehicle #2 at final rest; NOTE: fluid drainage from Case Vehicle



14: Northwestward on-scene close-up of Case Vehicle and Vehicle #2 engagement at final rest; NOTE: Vehicle #2's bumper overrode Case Vehicle's bumper



15: South-southeastward on-scene view of Case Vehicle and Vehicle #2 at final rest from north leg of intersection



16: South-southeastward on-scene close-up view of Case Vehicle and Vehicle #2 from north leg of intersection



17: South-southeastward on-scene closer-up view of Case Vehicle's LF tire and Vehicle #2's RF tire at final rest; NOTE: broken turn signal glass in foreground



18: Southeastward on-scene closest-up view of tire scrub from Vehicle #2's right front tire (cells E3--F4); NOTE: broken turn signal glass in foreground



19: West-northwestward on-scene view of tire scrub from Vehicle #2's left front tire ending at final rest (i.e., red mark, cells E4--F5)



20: Eastward on-scene view of skidmark from Case vehicle's right front tire (cells F5--E4) which was photographed the following day



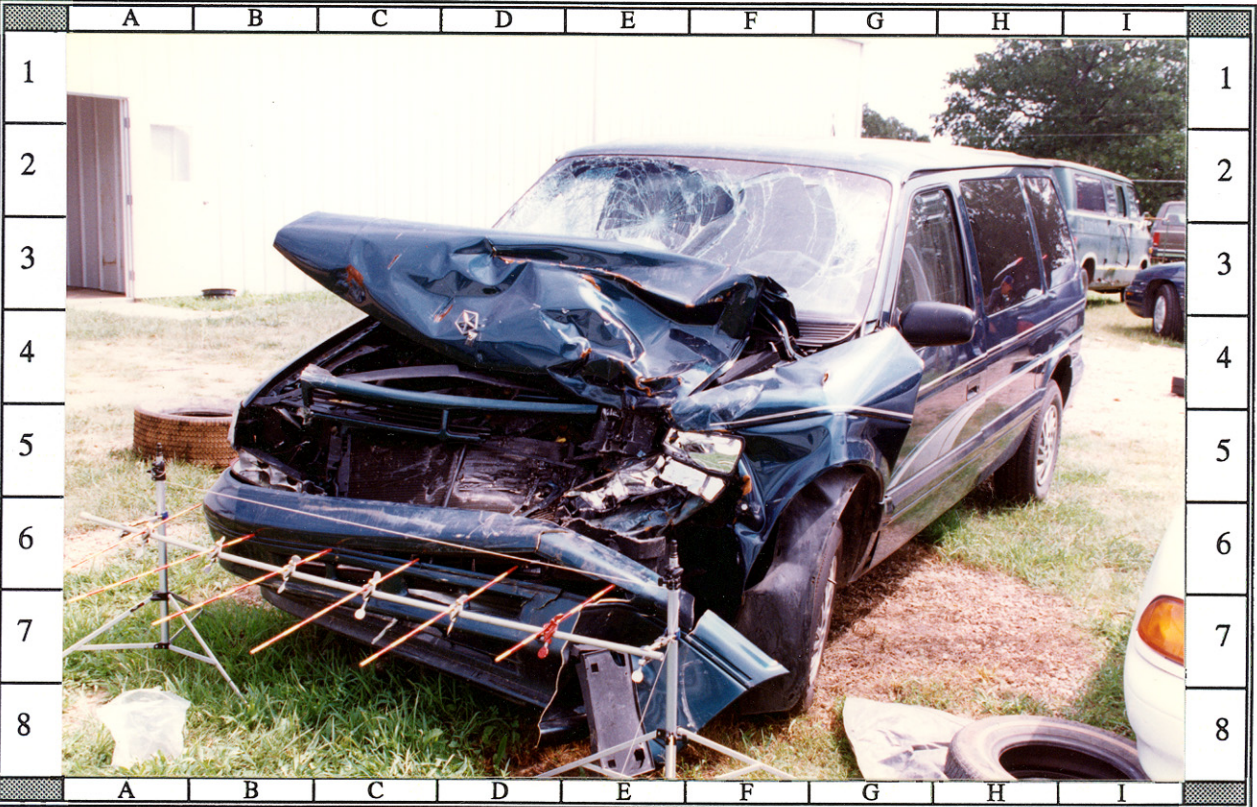
21: Case Vehicle's frontal damage with contour gauge present; NOTE: front bumper shifted toward right



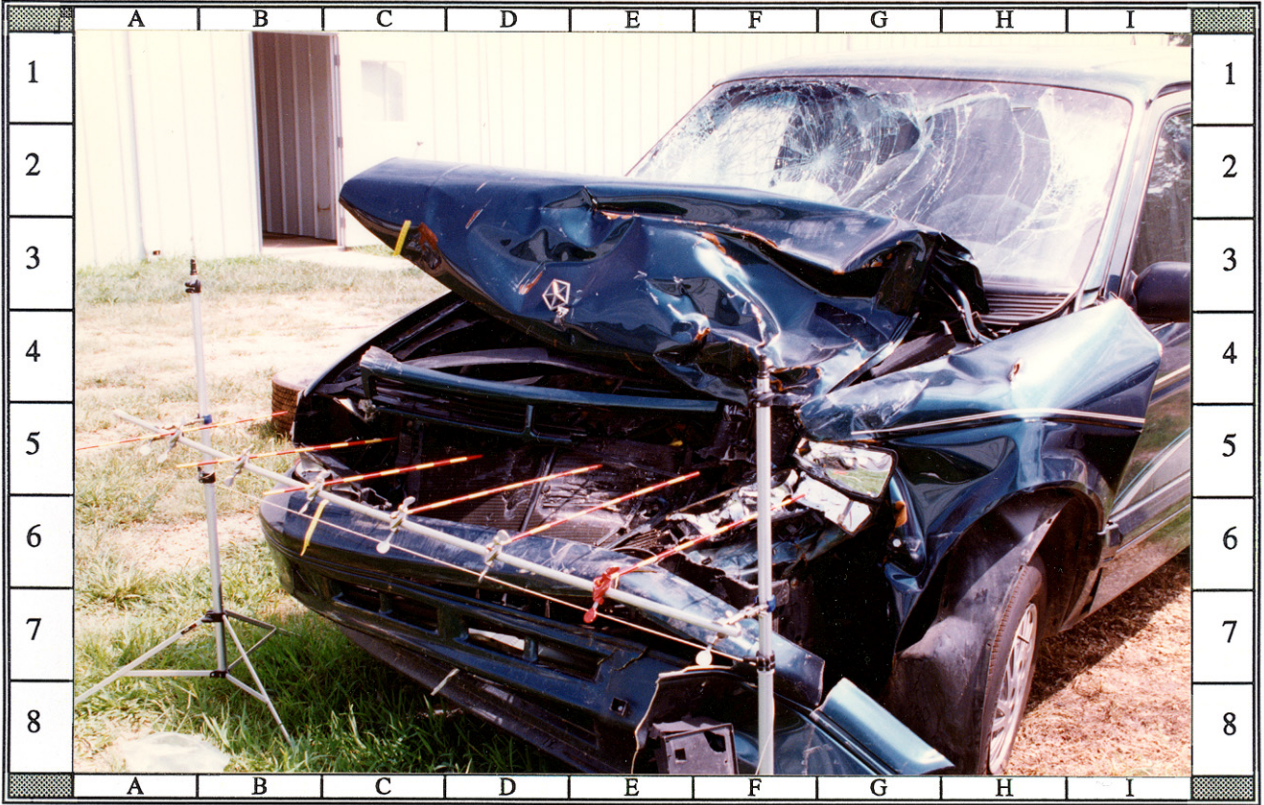
22: Closer-up view of Case Vehicle's frontal damage with contour gauge present; NOTE: direct damage extends from left bumper corner to yellow tape (cell C7)



23: Overhead view of Case Vehicle's front damage profile with contour gauge present; NOTE: amount of direct damage above bumper



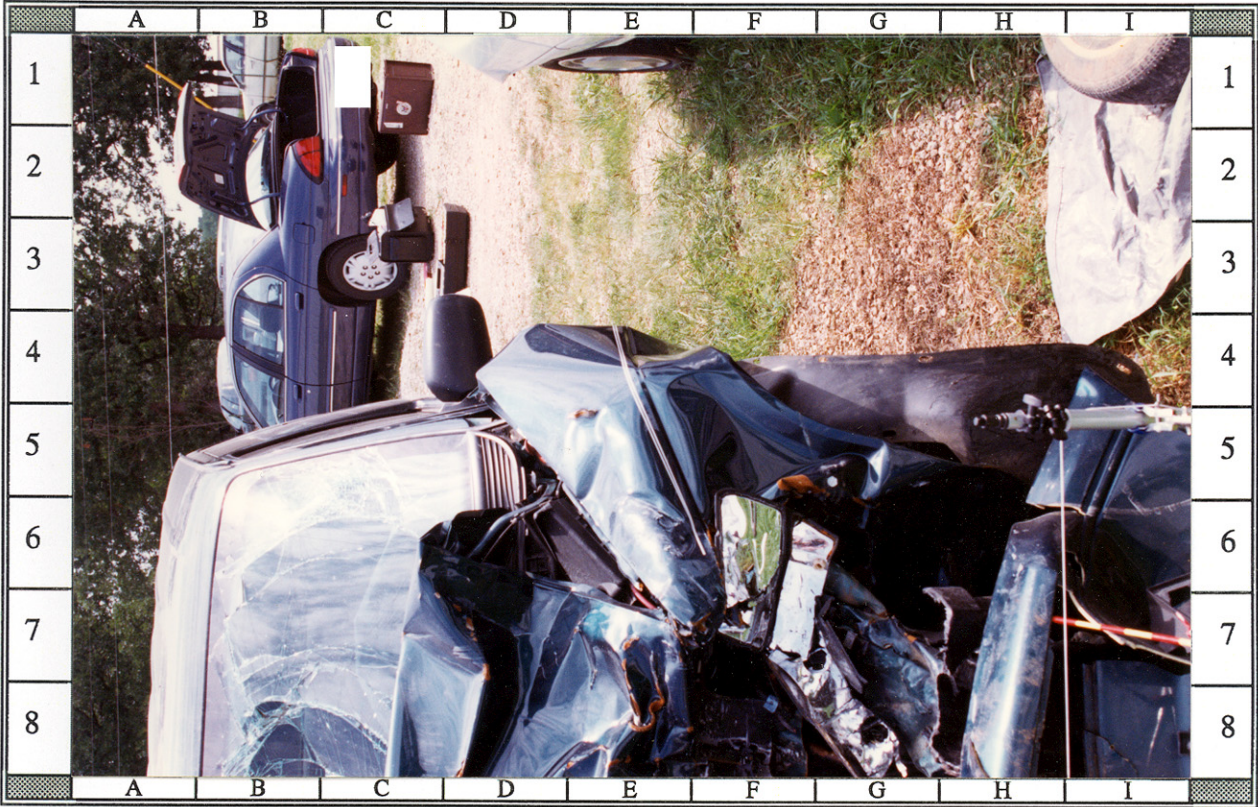
24: Case Vehicle's damaged front with contour gauge present viewed from approximately 30 degrees left of front



25: Closer-up view of Case Vehicle's front left corner viewed from approximately 30 degrees left of front showing direct damage above bumper



26: Reference line view of Case Vehicle's damaged front from left with contour gauge present; NOTE: induced damage to edge of driver's door



27: Reference line view of Case Vehicle's left side from front; NOTE: induced left fender damage and component shifting toward right



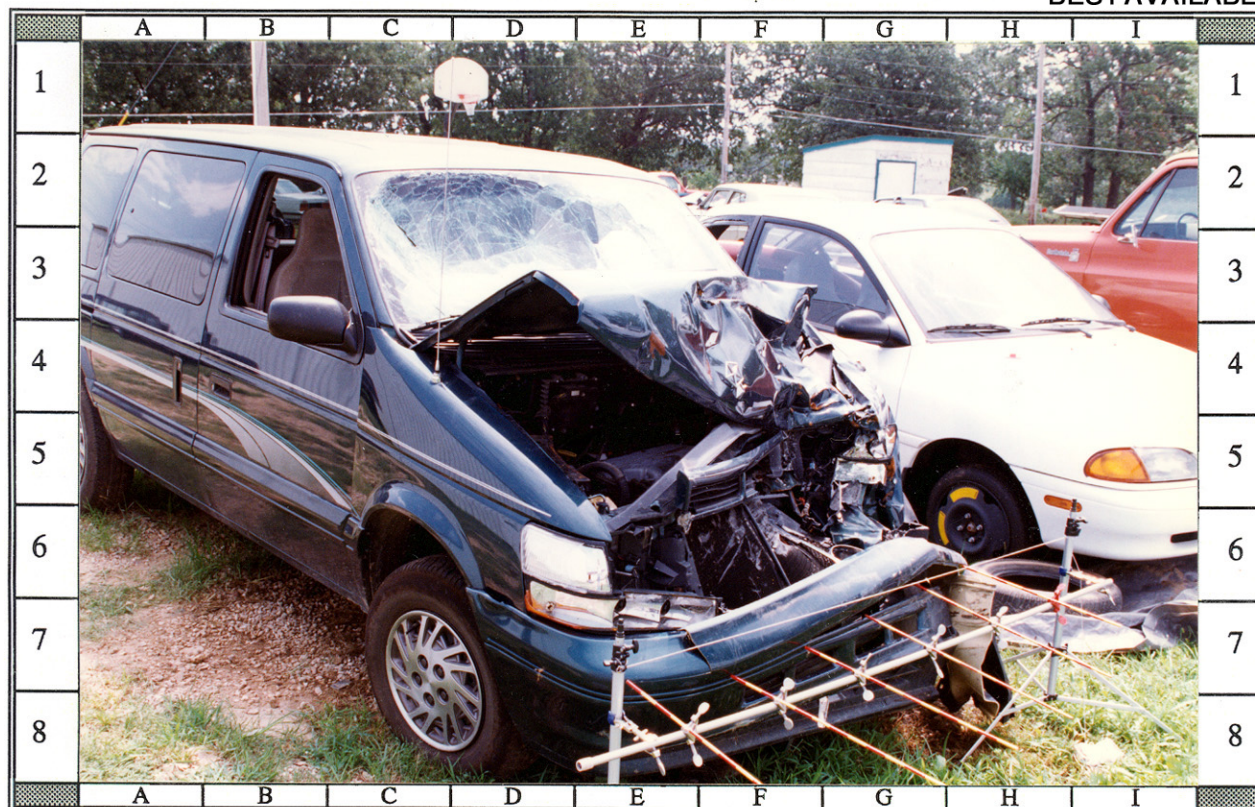
28: Case Vehicle's undamaged left side (behind "B" pillar) and back viewed from approximately 45 degrees left of back; NOTE: removed left rear taillight assembly



29: Reference line view of Case Vehicle's right side from rear; NOTE: missing right rear taillight and right front fender buckled outward from rightward bumper shift



30: Case Vehicle's undamaged back and right side (behind right front fender) viewed from approximately 30 degrees right of back



31: Case Vehicle's damaged front viewed from ~ 45 degrees right of front with contour gauge present; NOTE: induced damage to right front fender from shifting



32: Closer-up view of Case Vehicle's damaged front viewed from approximately 45 right of front; NOTE: direct damage above bumper



33: Reference line view of Case Vehicle's right side from front showing rightward shifting and end of direct damage (yellow tape)



34: Interior surface of Case Vehicle's driver door panel, deployed air bag, and knee bolster viewed from outside driver's door



35: Case Vehicle's front seating area showing deployed air bags and driver's seatback bent forward and twisted leftward from impact by unrestrained rear occupant



36: Close-up of Case Vehicle's left lower dash showing driver's left knee contact to knee bolster



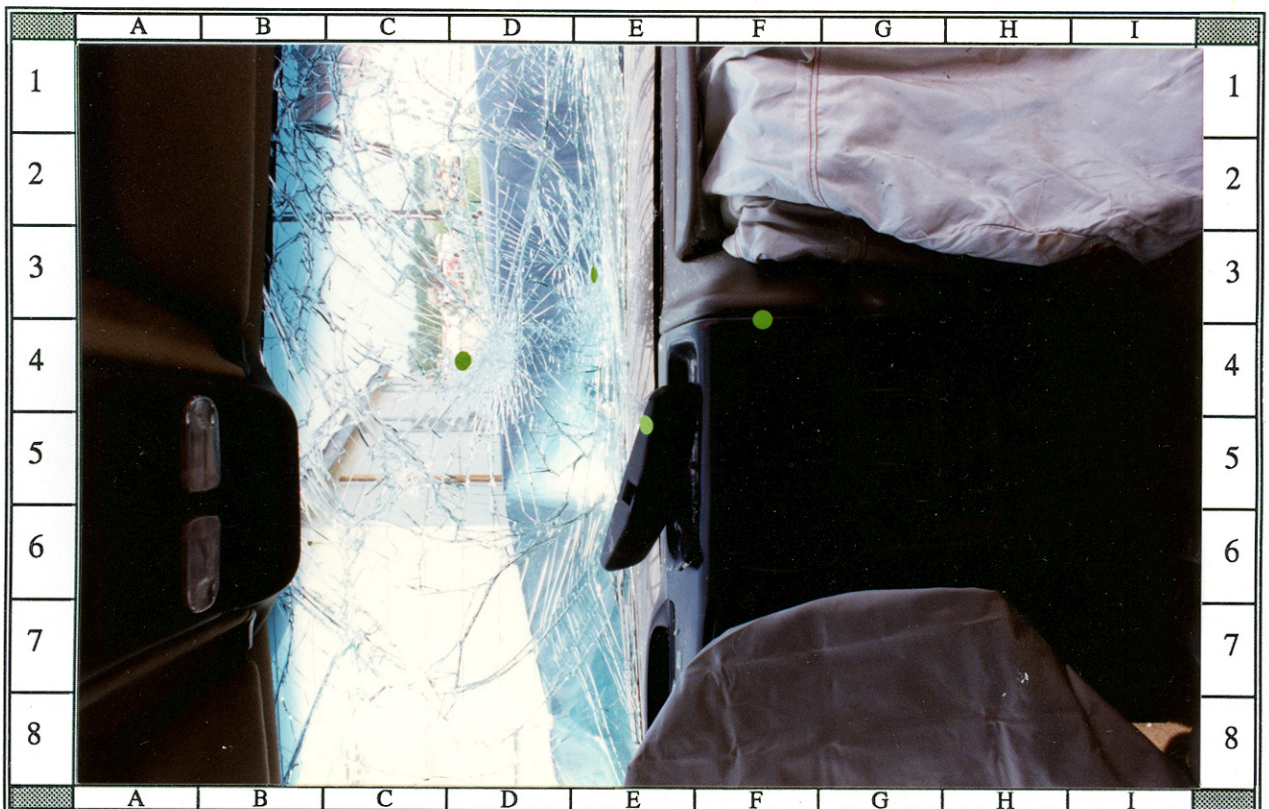
37: Vertical view of Case Vehicle's contacted driver side air bag and windshield viewed from second seat; NOTE: noncontacted sunvisor and left "A"-pillar



38: Closer-up view of Case Vehicle's driver side air bag showing lipstick and skin contact; NOTE: steering wheel and air bag have been rotated 180 degrees



39: Closest-up view of Case Vehicle's driver side air bag viewed from left showing skin and lipstick transfer



40: Vertical view of Case Vehicle's contacted center dash, windshield, and rearview mirror; NOTE: contacts are indicated by green dots



41: Close-up of Case Vehicle's contacted rearview mirror and red scuff to center dash; NOTE: cause of red scuff is unknown



42: Closer-up view of Case Vehicle's center dash viewed from right showing unknown red transfer; NOTE: transfer scuff goes from right to left



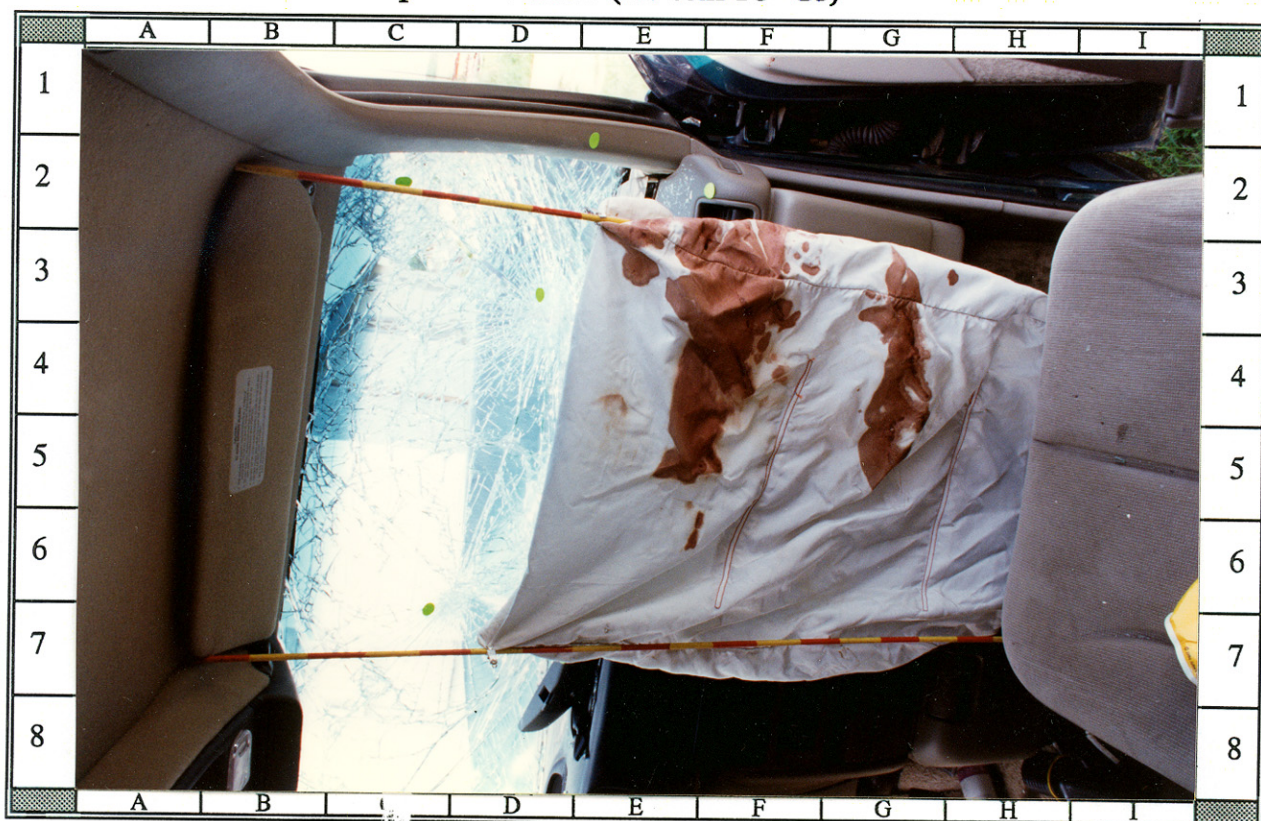
43: Close-up of Case Vehicle's right dash showing tear to lower left corner of right front air bag module's compartment; NOTE: tear occurred during deployment



44: Close-up of Case Vehicle's right dash showing tear to lower right corner of right front air bag module's compartment; NOTE: dash's right air vent is displaced



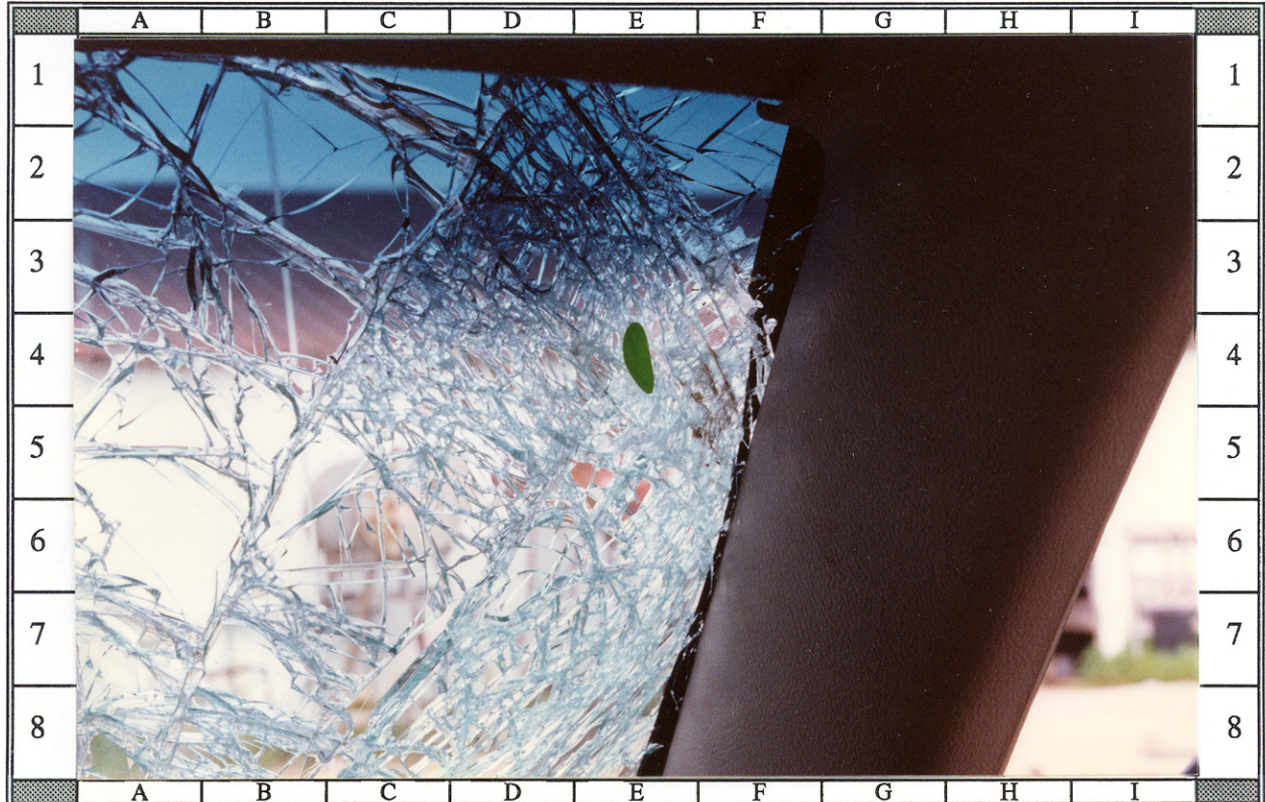
45: Close-up of Case Vehicle's torn right dash and contacted air vent; NOTE: fabric indentations to top of vent frame (see cells F3--G3)



46: Vertical view of Case Vehicle's right front passenger area and greenhouse showing blood on deployed air bag and multiple areas of contact (i.e., green dots)



47: Close-up of Case Vehicle's warning label posted on back of right front passenger's sunvisor



48: Close-up of Case Vehicle's right upper windshield showing windshield contact near "A"-pillar; NOTE: hair (cells E4--F5) and skin in windshield



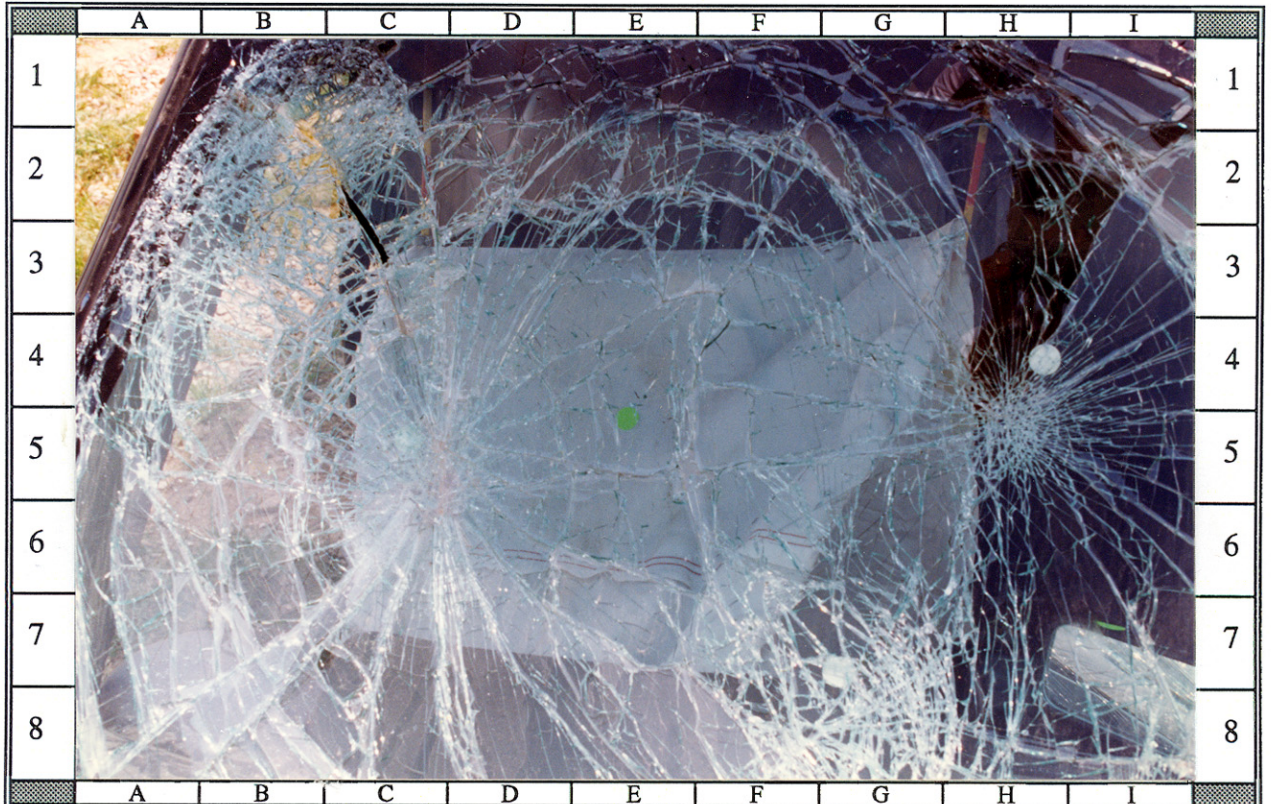
49: Close-up of Case Vehicle's right lower middle windshield showing contact (i.e., skin) to right front "A"-pillar (i.e., above green dot)



50: Close-up of Case Vehicle's right lower middle windshield showing contact from right front passenger



51: Close-up of Case Vehicle's center middle windshield showing contact from unrestrained rear passenger; NOTE: hair in windshield



52: Exterior view of top portion of Case Vehicle's right front passenger air bag viewed through windshield showing contact (green dot) to top of air bag



53: Case Vehicle's deployed right front air bag viewed from right showing blood-stained frontal surface; NOTE: contacts to top of air bag (cells E4--G3)



54: Case Vehicle's deployed right front air bag showing contact evidence (skin) to top portion of passenger air bag; NOTE: air bag hangs down



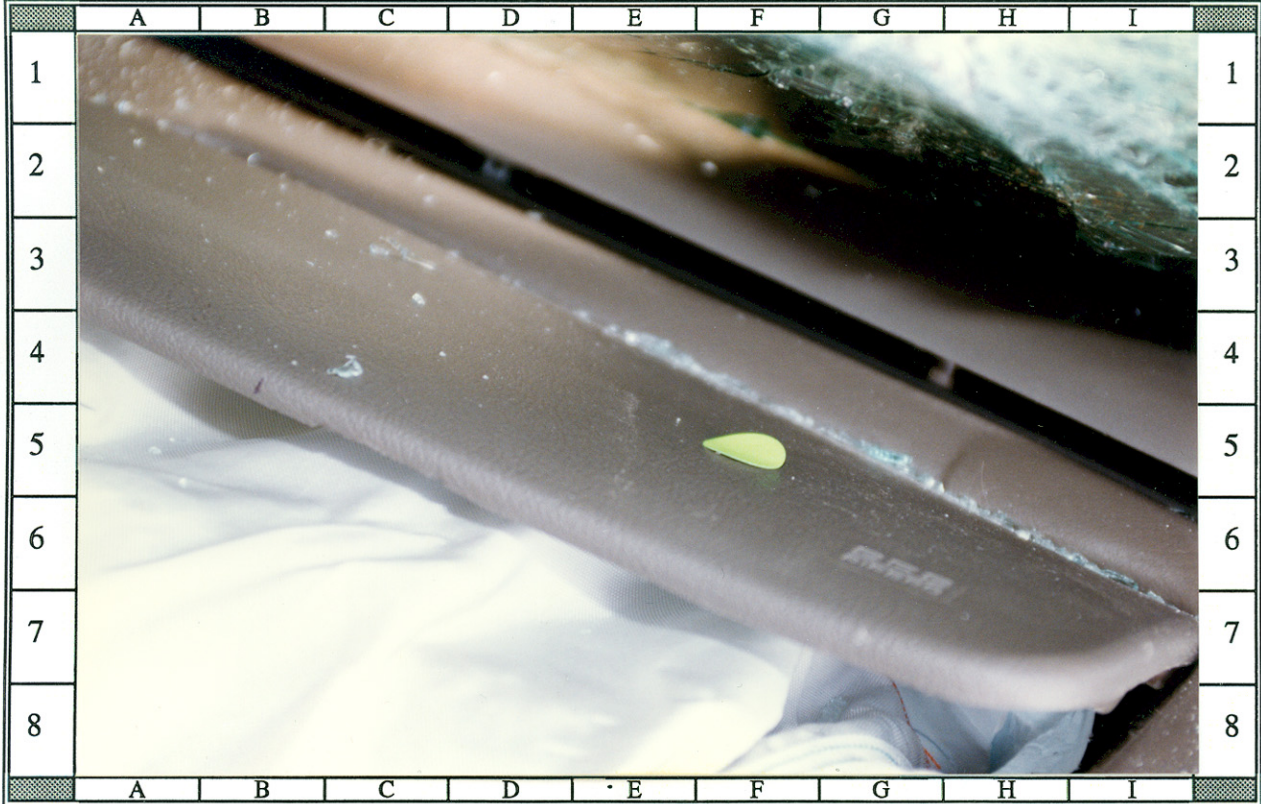
55: Close-up of top portion of Case Vehicle's right front air bag showing contact (e.g., oil smear, skin from chin/neck); NOTE: tear in air bag (cell B4)



56: Wide angled view of Case Vehicle's deployed dual front air bags; NOTE: large amount of blood to passenger's air bag and numerous contacts to windshield



57: Case Vehicle's right front passenger air bag module's cover flap which shows evidence of contact



58: Close-up of Case Vehicle's right front passenger air bag module's cover flap showing contact evidence (i.e., unknown type of scuff) from right front passenger



59: Case Vehicle's front seating area and right front air bag viewed from outside passenger's door showing large amount of blood on upper and lower right sides



60: Case Vehicle's lower right dash and glovebox showing no evidence of contact



61: Case Vehicle's right front, manual, three-point, lap and shoulder belt showing no evidence of usage in this crash (i.e., blood)



62: Case Vehicle's deployed right front air bag, noncontacted right front door panel, and contacted driver and right front passenger seatbacks (green dots)



63: Case Vehicle's second seating area and front seatbacks; NOTE: blood on right side of second bench seat and front seatback contacts from second seat passengers



64: Wide angled view of Case Vehicle's deployed air bags, front dash, windshield, headers, sunvisors, and contacted overhead console and front seatbacks



65: Case Vehicle's contacted overhead console viewed from right front passenger's seat: NOTE: hinged door broken off (i.e., green dot)



66: Close-up of broken off hinge door from Case Vehicle's center overhead console



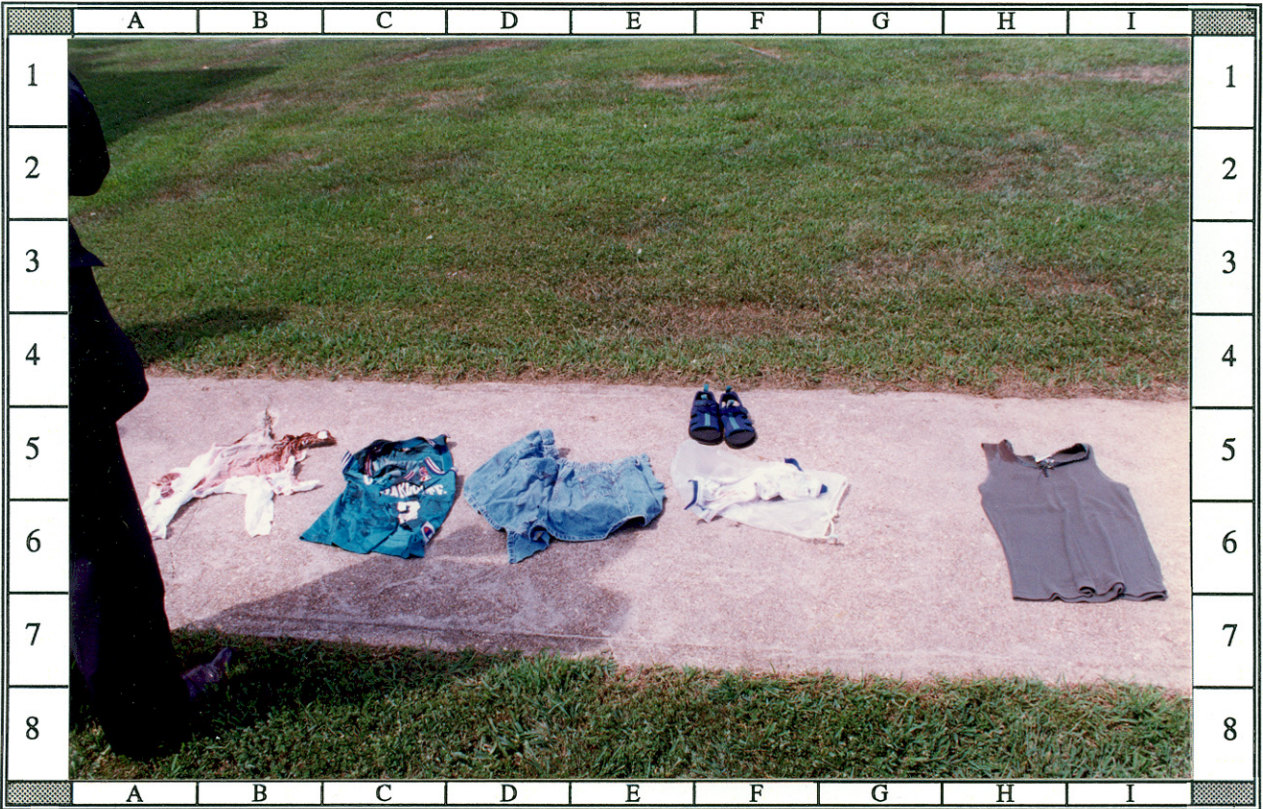
67: Close-up of Case Vehicle's driver seatback which was most likely contacted by left second seated passenger; NOTE: seatback twisted leftward and bent forward



68: Vertical view of Case Vehicle's contacted right front passenger's seatback showing blood on left side; NOTE: seatback twisted rightward and bent forward



69: Case Vehicle's second and rear seats; NOTE: second seat has only two, three-point, restraints and blood on right side and folded down rear seat



70: Wide angle view of clothes worn by Case Vehicle's fatally injured, right front passenger and driver



71: Close-up of bloody T-shirt worn by Case Vehicle's fatally injured, right front passenger



72: Close-up of basketball jersey worn by Case Vehicle's fatally injured, right front passenger



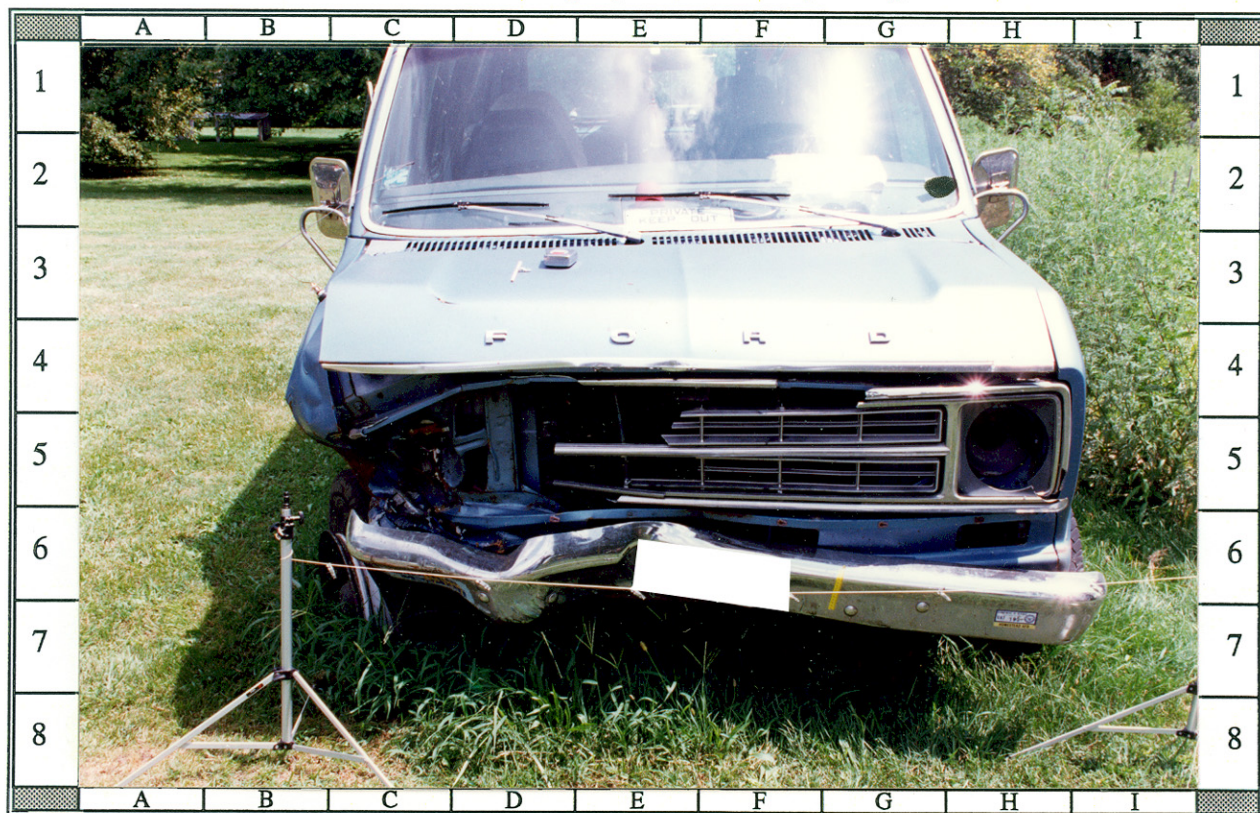
73: Closer-up view of basketball jersey worn by Case Vehicle's right front passenger showing red area on jersey--possible transfer to center dash (see photos #41-#43)



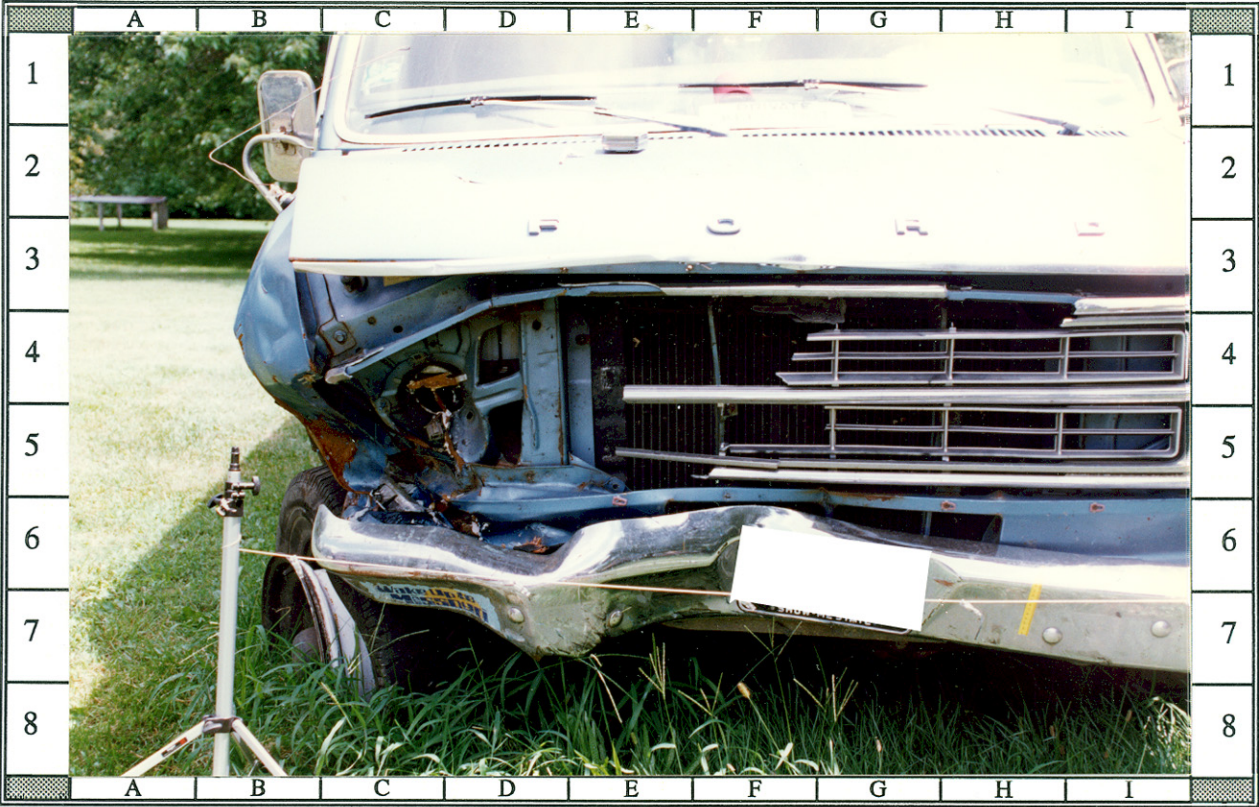
74: Close-up of jean shorts worn by Case Vehicle's fatally injured, right front passenger; NOTE: blood spots on upper back of shorts



75: Close-up of tank top worn by Case Vehicle's driver showing various blood spots;
NOTE: driver carried bleeding right front child passenger out of vehicle



76: 1976 Ford E-250 Econoline Van's frontal damage; **NOTE:** direct damage extends from right bumper corner to yellow tape



77: Close-up of direct damage to Vehicle #2's front; NOTE: direct damage extends from right bumper corner to yellow tape



78: Vehicle #2's damaged front viewed from approximately 30 degrees left of front with only stringline present

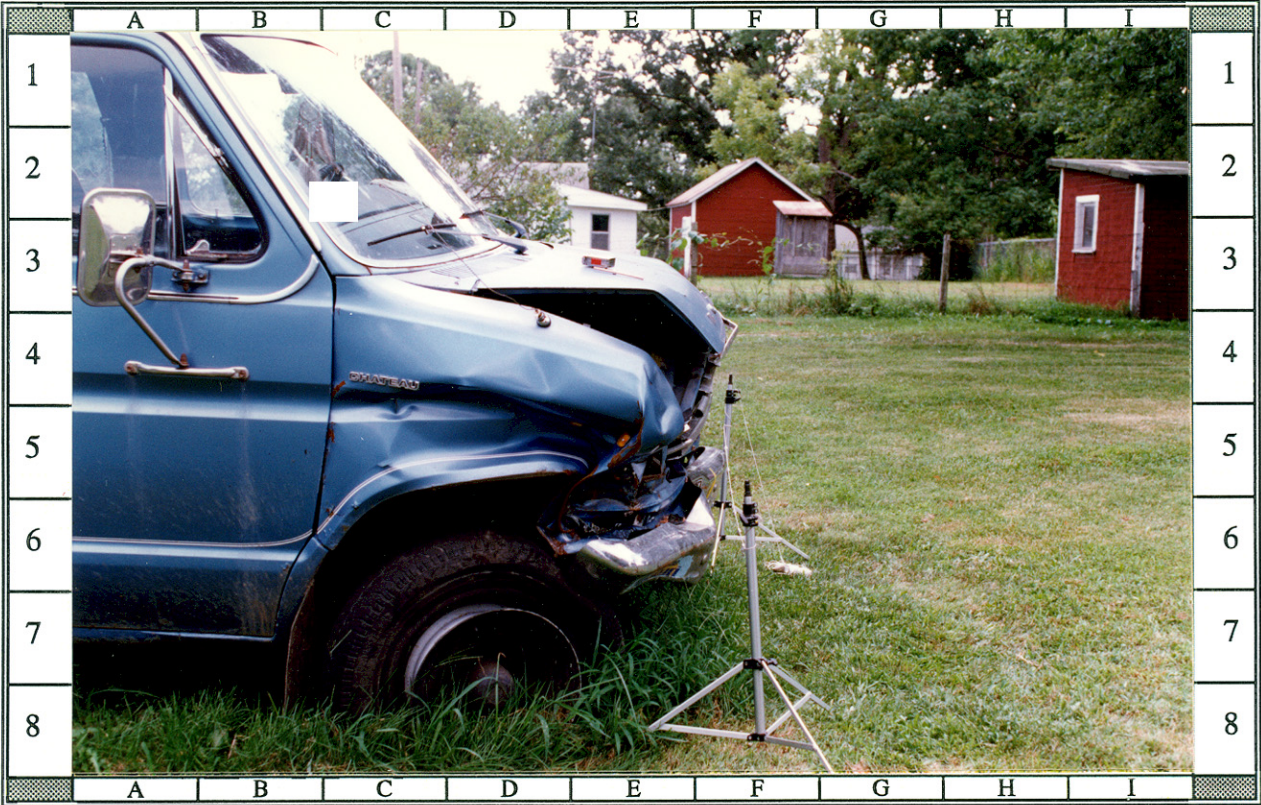


79: Vehicle #2's damaged front and undamaged left side viewed from approximately 45 degrees left of front



80: Vehicle #2's undamaged back and right side (i.e., behind right front door) viewed from approximately 45 degrees right of back

Vehicle #2: 1976 Ford E-250 Econoline, 3-Door Window Van, RWD, 4x2, 5.8 L (351 in³) V-8 (2V)



81: Reference line view of Vehicle #2's damaged front from right with only stringline present showing direct damage to FR corner and induced damage to right fender



82: Vehicle #2's damaged front and undamaged right side (i.e., behind right front door) viewed from approximately 45 degrees right of front



83: Closer-up view of Vehicle #2's damaged front right viewed from approximately 30 degrees left of front; NOTE: right front tire deflated



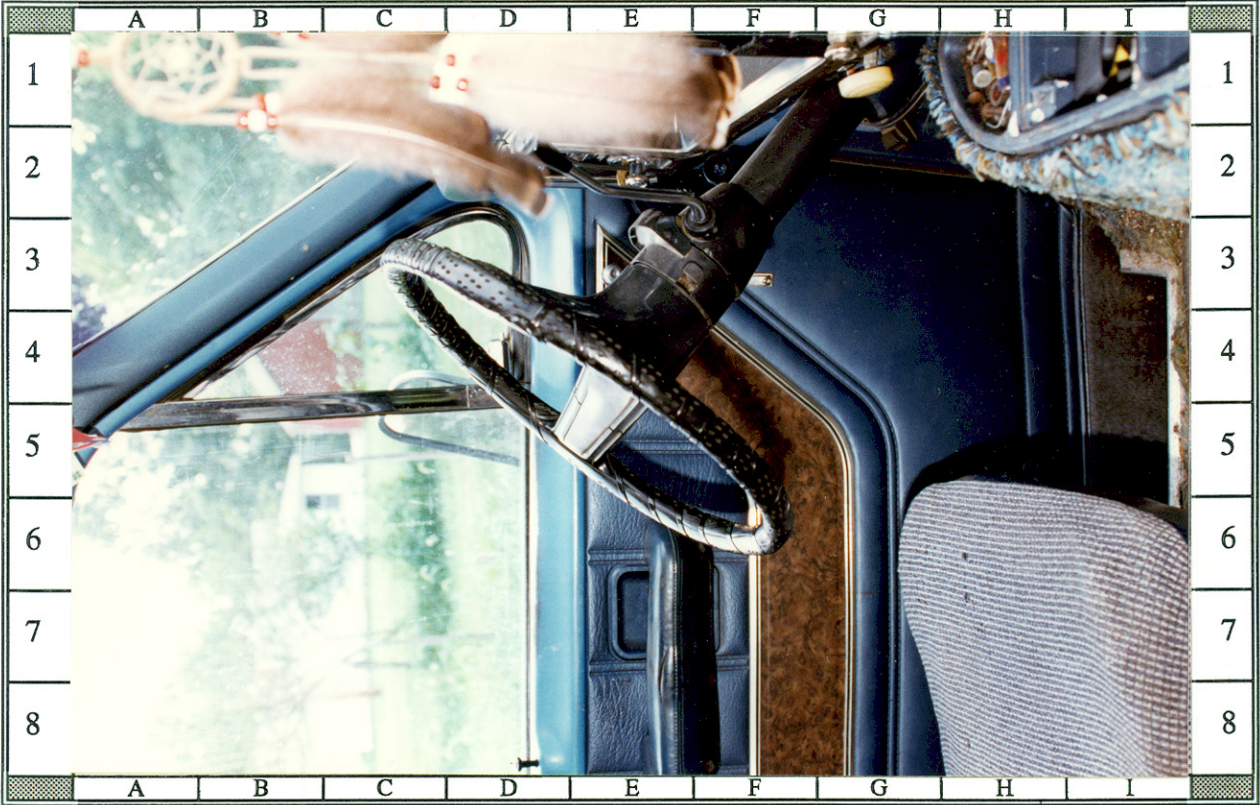
84: Interior surface of Vehicle #2's driver door panel, driver's seating area, front dash, and steering column from outside driver's door



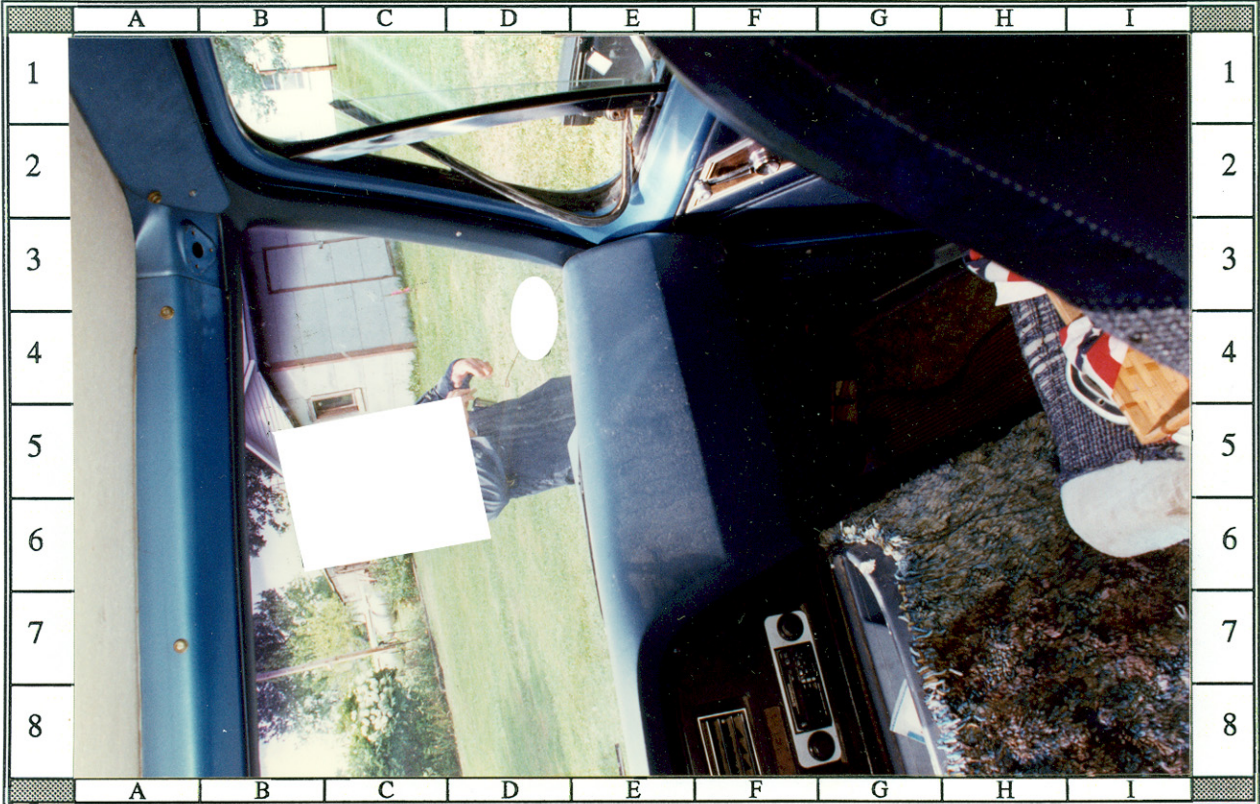
85: Vehicle #2's front seating area, steering column, and dash; NOTE: steering wheel is slightly deformed and no evidence of windshield contact



86: Wide angle view of Vehicle #2's driver seating area, steering wheel, dash, and greenhouse area; NOTE: only evidence of contact was to steering wheel



87: Vehicle #2's steering wheel viewed from right showing deformation to lower half



88: Vertical view of Vehicle #2's center and right dash, header, and right "A"-pillar showing no evidence of contact



89: Vehicle #2's right front seating area, steering column, windshield, and dash viewed from outside right front passenger's door



90: Vehicle #2's customized second seating area showing cargo of tires; NOTE: no restraints are present for these seats or for the rear seating area (i.e., not visible)

TRANSPORTATION RESEARCH CENTER

Indiana University

Indiana

ON-SITE AIR BAG INVESTIGATION

NASS CDS FORMS AND MEDICAL RECORDS

CASE NO. - 96-19

FLEET - PRIVATE VEHICLE

LOCATION - MISSOURI

ACCIDENT DATE - 1996

Submitted By:

Senior Staff Associate

and

Associate Scientist

1997

Revised Submission:

1998

Contract Number: DTNH22-94-D-17058

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590-0003

**POLICE CRASH REPORT
AND REPORT BY THE
MISSOURI STATE HIGHWAY PATROL**

MISSOURI UNIFORM ACCIDENT REPORT

AGENCY NAME AND OFFICER <div style="text-align: center;">[Redacted] Police Department</div>				FOR STATE USE ONLY ROUTED <input type="checkbox"/>		LEFT THE SCENE V1 <input type="checkbox"/> V2 <input type="checkbox"/> CLEARED YES <input type="checkbox"/> NO <input type="checkbox"/>		COMPLAINT/REPORT CASE NUMBER [Redacted]																																																																																																																																	
ACCIDENT CLASSIFICATION NUMBER INJURED 5 NUMBER KILLED 1		NUMBER OF VEHICLES INVOLVED 2		ACCIDENT DATE 96		ACCIDENT TIME (MIL.)		TIME NOTIFIED (MIL.)		TIME ARRIVED (MIL.)		INVESTIGATION DATE 96																																																																																																																													
COUNTY [Redacted] MUNICIPALITY [Redacted]				BEAT/ZONE [Redacted]				TRIP/DIST/PCT [Redacted]				INVESTIGATED AT SCENE YES <input type="checkbox"/> NO <input type="checkbox"/>																																																																																																																													
LOG POINT [Redacted]				DISTANCE FROM [Redacted] FEET				DIRECTION <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W				AT INTERSECTING STREET OR ROADWAY [Redacted]																																																																																																																													
LOG POINT [Redacted]				SPEED LIMIT 35 GEO. CODE n/a				SPEED LIMIT 25 GEO. CODE n/a																																																																																																																																	
ROAD MAINTAINED BY <input checked="" type="checkbox"/> 1. STATE <input type="checkbox"/> 2. COUNTY <input type="checkbox"/> 3. MUNICIPAL <input type="checkbox"/> 4. PRIVATE PROPERTY <input type="checkbox"/> 5. OTHER																																																																																																																																									
3. DAMAGE TO PROPERTY OTHER THAN VEHICLES - GIVE NAME, OWNERSHIP, NATURE OF DAMAGE AND DESCRIPTION OF OBJECT(S) none																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>4. DRIVER'S FULL NAME (LAST, FIRST, MI) [Redacted]</p> <p>ADDRESS [Redacted] CITY [Redacted] STATE MO ZIP [Redacted]</p> <p>DRIVERS LICENSE NUMBER [Redacted] STATE MO TYPE OF LICENSE <input type="checkbox"/> 1 Permit <input type="checkbox"/> 2 For Hire <input checked="" type="checkbox"/> 3 Oper <input type="checkbox"/> 4 Unlic <input type="checkbox"/> 5 MC only <input type="checkbox"/> 6 CDL</p> <p>INSURANCE COMPANY [Redacted] PROOF SHOWN YES <input type="checkbox"/> NO <input type="checkbox"/> Not Required MC Qual <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>YEAR 76 MAKE Ford MODEL Econoline COLOR Blue</p> <p>VIN E25HHC [Redacted] LIC. PLATE NO. [Redacted] STATE MO YEAR 97</p> <p>VEHICLE OWNER NAME (LAST, FIRST, MI)/COMMERCIAL CARRIER same</p> <p>ADDRESS [Redacted] CITY [Redacted] STATE [Redacted] ZIP [Redacted]</p> <p>VEHICLE DAMAGE INITIAL IMPACT # 1 Circle all Damaged Areas 1-22 Towed Unit </p> <p>TOWED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO TOW CO. [Redacted]</p> </div> <div style="width: 48%;"> <p>5. DRIVER'S FULL NAME (LAST, FIRST, MI) [Redacted]</p> <p>ADDRESS [Redacted] CITY [Redacted] STATE MO ZIP [Redacted]</p> <p>DRIVERS LICENSE NUMBER [Redacted] STATE MO TYPE OF LICENSE <input type="checkbox"/> 1 Permit <input type="checkbox"/> 2 For Hire <input checked="" type="checkbox"/> 3 Oper <input type="checkbox"/> 4 Unlic <input type="checkbox"/> 5 MC only <input type="checkbox"/> 6 CDL</p> <p>INSURANCE COMPANY [Redacted] PROOF SHOWN YES <input type="checkbox"/> NO <input type="checkbox"/> Not Required MC Qual <input type="checkbox"/> YES <input type="checkbox"/> NO </p> <p>YEAR 95 MAKE Dodge MODEL Caravan COLOR Green</p> <p>VIN 2B4GH4531SR [Redacted] LIC. PLATE NO. [Redacted] STATE MO YEAR 97</p> <p>VEHICLE OWNER NAME (LAST, FIRST, MI)/COMMERCIAL CARRIER same</p> <p>ADDRESS [Redacted] CITY [Redacted] STATE [Redacted] ZIP [Redacted]</p> <p>VEHICLE DAMAGE INITIAL IMPACT # 1 Circle all Damaged Areas 1-22 Towed Unit </p> <p>TOWED <input type="checkbox"/> YES <input type="checkbox"/> NO TOW CO. [Redacted]</p> </div> </div>																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>6. SEAT LOCATION</p> <table border="1" style="font-size: small;"> <tr><td>FR</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table> <p>XX - Not Known OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area</p> <p>P - Pedestrian B - Bicycle SV - Other (Explain in Remarks)</p> </div> <div style="width: 20%;"> <p>INJURY</p> <p>1. Fatal 5. None Apparent 2. Disabling 6. Unknown 3. Evident - Not Disabling 4. Probable - Not Apparent</p> </div> <div style="width: 10%;"> <p>TRANSPORTED</p> <p>1. No 2. EMS 3. Other 4. Unknown</p> </div> <div style="width: 10%;"> <p>EJECTION</p> <p>1. No 2. Partially 3. Totally 4. Unknown</p> </div> <div style="width: 10%;"> <p>AIR BAG</p> <p>1. None/NA 2. Deployed 3. Not Deployed</p> </div> <div style="width: 20%;"> <p>SAFETY DEVICES</p> <p>1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint 7. Helmet Used 8. Helmet Not Used 9. Use Unknown</p> </div> </div>														FR	SR	TR	FC	SC	TC	FL	SL	TL																																																																																																																			
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<table border="1" style="width:100%; font-size: x-small;"> <thead> <tr> <th></th> <th>NAME</th> <th>ADDRESS</th> <th>DATE OF BIRTH</th> <th>SEX</th> <th>VEH. NO.</th> <th>SEAT LOC.</th> <th>INJ.</th> <th>TRANSPORT</th> <th>EJECTION</th> <th>AIR BAG</th> <th>SAF. DEV.</th> <th>PHONE</th> </tr> </thead> <tbody> <tr> <td rowspan="2">7. DRIVER</td> <td>DRIVER 1</td> <td>SAME AS ABOVE</td> <td>43</td> <td>M</td> <td>1</td> <td>FL</td> <td>2</td> <td>2</td> <td>1</td> <td>1</td> <td>2</td> <td>[Redacted]</td> </tr> <tr> <td>DRIVER 2</td> <td>SAME AS ABOVE</td> <td>24</td> <td>F</td> <td>2</td> <td>FL</td> <td>3</td> <td>3</td> <td>1</td> <td>2</td> <td>9</td> <td>[Redacted]</td> </tr> <tr> <td rowspan="4">8. OTHER PEDESTRIANS</td> <td>[Redacted]</td> <td>[Redacted]</td> <td>4</td> <td>M</td> <td>2</td> <td>FR</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td>9</td> <td>[Redacted]</td> </tr> <tr> <td>[Redacted]</td> <td>[Redacted]</td> <td>5</td> <td>F</td> <td>2</td> <td>FR</td> <td>2</td> <td>2</td> <td>1</td> <td>2</td> <td>9</td> <td>[Redacted]</td> </tr> <tr> <td>[Redacted]</td> <td>[Redacted]</td> <td>48</td> <td>M</td> <td>2</td> <td>SR</td> <td>3</td> <td>2</td> <td>1</td> <td>1</td> <td>9</td> <td>[Redacted]</td> </tr> <tr> <td>[Redacted]</td> <td>[Redacted]</td> <td>48</td> <td>F</td> <td>2</td> <td>SL</td> <td>2</td> <td>2</td> <td>1</td> <td>1</td> <td>9</td> <td>[Redacted]</td> </tr> <tr> <td rowspan="3">9. WITNESSES</td> <td>NAME OF WITNESS</td> <td>ADDRESS</td> <td>CITY</td> <td>STATE</td> <td>ZIP</td> <td colspan="7">PHONE</td> </tr> <tr> <td>none</td> <td></td> <td></td> <td></td> <td></td> <td colspan="7"></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td colspan="7"></td> </tr> </tbody> </table>															NAME	ADDRESS	DATE OF BIRTH	SEX	VEH. NO.	SEAT LOC.	INJ.	TRANSPORT	EJECTION	AIR BAG	SAF. DEV.	PHONE	7. DRIVER	DRIVER 1	SAME AS ABOVE	43	M	1	FL	2	2	1	1	2	[Redacted]	DRIVER 2	SAME AS ABOVE	24	F	2	FL	3	3	1	2	9	[Redacted]	8. OTHER PEDESTRIANS	[Redacted]	[Redacted]	4	M	2	FR	1	2	1	2	9	[Redacted]	[Redacted]	[Redacted]	5	F	2	FR	2	2	1	2	9	[Redacted]	[Redacted]	[Redacted]	48	M	2	SR	3	2	1	1	9	[Redacted]	[Redacted]	[Redacted]	48	F	2	SL	2	2	1	1	9	[Redacted]	9. WITNESSES	NAME OF WITNESS	ADDRESS	CITY	STATE	ZIP	PHONE							none																							
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INVESTIGATING AGENCY SEND TO MISSOURI STATE HIGHWAY PATROL - TRAFFIC DIVISION

[Redacted] MO

ORIGINAL

10. VEHICLE BODY TYPES AUTOMOBILES/SPECIAL VEHICLES V1 V2 <input type="checkbox"/> 1. Passenger Car <input type="checkbox"/> 2. Station Wagon <input type="checkbox"/> 3. Sport Utility Vehicle <input checked="" type="checkbox"/> 4. Van/Small Bus - Less Than 16 Seating Cap. <input type="checkbox"/> 5. Bus - 16 or More Seating Cap. <input type="checkbox"/> 6. School Bus - Less Than 16 Seating Cap. <input type="checkbox"/> 7. School Bus - 16 or More Seating Cap. <input type="checkbox"/> 8. Motorcycle <input type="checkbox"/> 9. ATV <input type="checkbox"/> 10. Motorized Bicycle <input type="checkbox"/> 11. Bicycle <input type="checkbox"/> 12. Motor Home/Camper <input type="checkbox"/> 13. Farm Implements <input type="checkbox"/> 14. Construction Equipment <input type="checkbox"/> 15. Other Transport Devices <input type="checkbox"/> 16. Unknown <input type="checkbox"/> 17. Pick-up <input type="checkbox"/> 18. Single Unit Truck <input type="checkbox"/> A. Vehicle Pulling Another Unit(s) <input type="checkbox"/> 19. Truck Tractor With Single Unit <input type="checkbox"/> 20. Truck Tractor With Multi-Unit If box 17, 18, 19, or 20 is checked, complete the following for power unit only: V1 _____ Axes _____ Tires V2 _____ Axes _____ Tires		11. HAZARDOUS MATERIALS V1 V2 <input type="checkbox"/> A Gases in Bulk <input checked="" type="checkbox"/> NA <input type="checkbox"/> B Solids in Bulk <input type="checkbox"/> C Liquids in Bulk <input type="checkbox"/> D Explosives <input type="checkbox"/> A Hazardous Materials Released/Spilled <input type="checkbox"/> PLACARD DISPLAYED 12. EMERGENCY VEHICLE INVOLVEMENT V1 V2 <input type="checkbox"/> 1 Police <input checked="" type="checkbox"/> NA <input type="checkbox"/> 2 Fire <input type="checkbox"/> 3 Ambulance <input type="checkbox"/> 4 Other (Must Check A) <input type="checkbox"/> A Emergency Vehicle on Emergency Run		14. PROBABLE CONTRIBUTING CIRCUMSTANCES V1 V2 <input type="checkbox"/> 1. Vehicle Useless <input type="checkbox"/> 2. Accident Ahead <input type="checkbox"/> 3. Congestion Ahead <input type="checkbox"/> 4. Speed Exceeded Limit <input type="checkbox"/> 5. Poor Road Conditions <input type="checkbox"/> 6. Improper Passing <input type="checkbox"/> 7. Violation Signal/Sign <input type="checkbox"/> 8. Wrong Side (Not Passing) <input type="checkbox"/> 9. Following Too Close <input type="checkbox"/> 10. Improper Signal <input type="checkbox"/> 11. Improper Backing <input type="checkbox"/> 12. Improper Turn <input type="checkbox"/> 13. Improper Lane Usage/Change <input type="checkbox"/> 14. Wrong Way (One-Way) <input type="checkbox"/> 15. Improper Start From Park <input type="checkbox"/> 16. Improperly Parked <input type="checkbox"/> 17. Failed to Yield <input type="checkbox"/> 18. Driveway <input type="checkbox"/> 19. Drift <input type="checkbox"/> 20. Physical Impairment <input type="checkbox"/> 21. Inattention <input type="checkbox"/> 22. None 15. VISION OBSCURED V1 V2 <input type="checkbox"/> 1 Windshield <input type="checkbox"/> 2 Load on Vehicle <input type="checkbox"/> 3 Trees/Brush <input type="checkbox"/> 4 Building <input type="checkbox"/> 5 Embankment <input type="checkbox"/> 6 Signboards <input type="checkbox"/> 7 Hillcrest <input type="checkbox"/> 8 Parked Cars <input type="checkbox"/> 9 Moving Cars <input type="checkbox"/> 10 Other (Explain in Remarks) <input checked="" type="checkbox"/> 11 Not Obscured		16. TRAFFIC CONTROL V1 V2 <input type="checkbox"/> 1. Stop Sign <input type="checkbox"/> 2. Elec. Signal <input type="checkbox"/> 3. RR Signal/Gate <input type="checkbox"/> 4. Yield Sign <input type="checkbox"/> 5. Officer/Flagman <input type="checkbox"/> 6. No Passing Zone <input type="checkbox"/> 7. Turn Restricted <input type="checkbox"/> 8. Construction Zone <input type="checkbox"/> 9. Other Work Zone <input type="checkbox"/> A. School Bus Signal <input checked="" type="checkbox"/> N. None 17. PEDESTRIAN ACTIONS P1 P2 INTERSECTION <input checked="" type="checkbox"/> NA <input type="checkbox"/> 1 With Signal <input type="checkbox"/> 2 Against Signal <input type="checkbox"/> 3 No Signal <input type="checkbox"/> 4 Diagonally NOT AT INTERSECTION <input type="checkbox"/> 5 Behind/In Front Of Parked Car <input type="checkbox"/> 6 Walking With Traffic <input type="checkbox"/> 7 Walking Against Traffic <input type="checkbox"/> 8 Getting On/Off vehicle <input type="checkbox"/> 9 Standing/Lying in Road <input type="checkbox"/> 10 Pushing/Working on Vehicle <input type="checkbox"/> 11 Other Working <input type="checkbox"/> 12 Playing in Road <input type="checkbox"/> 13 Other Than Crosswalk <input type="checkbox"/> 14 Off Roadway <input type="checkbox"/> 15 Crosswalk Marked	
18. ACCIDENT TYPE <input type="checkbox"/> 1. Collision Involving <input type="checkbox"/> 2. Collision with Pedalcyclist <input type="checkbox"/> 3. Collision with Object <input type="checkbox"/> 4. Other Object <input type="checkbox"/> 5. Pedestrian <input type="checkbox"/> 6. Train <input checked="" type="checkbox"/> 7. MV in Transport <input type="checkbox"/> 8. MV on Other Roadway <input type="checkbox"/> 9. Parked MV		19. TWO VEHICLE COLLISION (To be completed only if Accident Type Box 7 is checked) <input checked="" type="checkbox"/> 60. Head On <input type="checkbox"/> 61. Sideswipe - Meeting <input type="checkbox"/> 62. Sideswipe - Passing <input type="checkbox"/> 63. Sideswipe - Meeting <input type="checkbox"/> 64. Angle <input type="checkbox"/> 65. Backsweep		20. LIGHTS <input type="checkbox"/> 1. All Lights On <input type="checkbox"/> 2. All Lights Off <input type="checkbox"/> 3. All Lights Out <input type="checkbox"/> 4. All Lights On <input type="checkbox"/> 5. All Lights Off <input type="checkbox"/> 6. All Lights Out <input type="checkbox"/> 7. All Lights On <input type="checkbox"/> 8. All Lights Off <input type="checkbox"/> 9. All Lights Out		21. WEATHER CONDITION <input checked="" type="checkbox"/> 1. Clear <input type="checkbox"/> 2. Cloudy <input type="checkbox"/> 3. Rain <input type="checkbox"/> 4. Snow <input type="checkbox"/> 5. Sleet <input type="checkbox"/> 6. Freezing <input type="checkbox"/> 7. Fog or Mist 22. ROAD SURFACE <input type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> 2. Asphalt <input type="checkbox"/> 3. Brick <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 5. Dirt/Sand <input type="checkbox"/> 6. Multi-Surface 23. ROAD CONDITION <input checked="" type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Snow <input type="checkbox"/> 4. Ice <input type="checkbox"/> 5. Mud 24. ROAD TYPE 1 <input checked="" type="checkbox"/> 1. Straight <input type="checkbox"/> 2. Curve 25. ROAD TYPE 2 <input checked="" type="checkbox"/> 1. Level <input type="checkbox"/> 2. Hill/Grade <input type="checkbox"/> 3. Crest	
26A. CMV CRITERIA (Complete the following to determine if this section should be completed) Does this accident involve any of the following: 1. a person fatally injured; or 2. a person transported for medical attention; or 3. a vehicle towed from the scene of the accident <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES If YES, complete each vehicle to determine if any are commercial vehicles based on the following: 1. a truck with at least 2 axles and 6 tires on the power unit; or 2. a bus or school bus - 16 or more seating capacity; or 3. a vehicle with a hazardous materials placard <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DO NOT COMPLETE SECTIONS 26 B - K Complete Sections 26 B - K for each commercial vehicle involved							
26B. CARRIER ID NUMBER V1 ICC NO MC _____ USDOT NO _____ V2 ICC NO MC _____ USDOT NO _____		26C. SOURCE OF CARRIER NAME ENTERED IN SECTION 4 OR 5 V1 <input type="checkbox"/> 1 Log Book <input type="checkbox"/> 2 Shipping Papers <input type="checkbox"/> 3 Driver <input type="checkbox"/> 4 Side of Vehicle V2 <input type="checkbox"/> 1 Log Book <input type="checkbox"/> 2 Shipping Papers <input type="checkbox"/> 3 Driver <input type="checkbox"/> 4 Side of Vehicle		26D. TRAILERING UNITS V1 _____ Axes _____ Tires V2 _____ Axes _____ Tires			
26E. VEHICLE CONFIGURATION V1 V2 <input type="checkbox"/> 1 Bus <input type="checkbox"/> 2 Single-unit Truck 2 axle 6 tires <input type="checkbox"/> 3 Single-unit Truck 3 or more axles <input type="checkbox"/> 4 Single-unit Truck Pulling Trailer <input type="checkbox"/> 5 Truck Tractor With No Units <input type="checkbox"/> 6 Truck Tractor With One Unit <input type="checkbox"/> 7 Truck Tractor With Two Units <input type="checkbox"/> 8 Truck Tractor With Three Units <input type="checkbox"/> 9 Unknown Heavy Truck/Other		26F. CARGO BODY TYPE V1 V2 <input type="checkbox"/> 1 Bus <input type="checkbox"/> 2 Van/Enclosed Box <input type="checkbox"/> 3 Cargo Tank <input type="checkbox"/> 4 Flatbed <input type="checkbox"/> 5 Dump <input type="checkbox"/> 6 Concrete Mixer <input type="checkbox"/> 7 Auto Transporter <input type="checkbox"/> 8 Garbage/Refuse <input type="checkbox"/> 9 Other		26G. SEQUENCE OF EVENTS (Circle 1, 2, 3, 4 in order of occurrence) V1 V2 1 2 3 4 1 2 3 4 A. Ran Off Road 1 2 3 4 1 2 3 4 B. Jackknife 1 2 3 4 1 2 3 4 C. Overtake 1 2 3 4 1 2 3 4 D. Downhill Runaway 1 2 3 4 1 2 3 4 E. Cargo Loss or Shift 1 2 3 4 1 2 3 4 F. Explosion or Fire 1 2 3 4 1 2 3 4 G. Separation of Unit 1 2 3 4 1 2 3 4 H. Collision inv. Pedestrian 1 2 3 4 1 2 3 4 I. Collision inv. MV in Transport 1 2 3 4 1 2 3 4 J. Collision inv. Parked Motor Vehicle 1 2 3 4 1 2 3 4 K. Collision inv. Train 1 2 3 4 1 2 3 4 L. Collision inv. Pedalcycle 1 2 3 4 1 2 3 4 M. Collision inv. Animal 1 2 3 4 1 2 3 4 N. Collision inv. Fixed Object 1 2 3 4 1 2 3 4 O. Collision inv. Other Object 1 2 3 4 1 2 3 4 P. Other			
26I. HAZARDOUS MATERIAL PLACARD NUMBER NAME INDICATOR <input type="checkbox"/> NA V1 4-Digit Placard Number Name from Diamond Box V2 4-Digit Placard Number Name from Diamond Box V1 Number From Bottom of Diamond V2 Number From Bottom of Diamond		26J. TRAFFICWAY <input type="checkbox"/> 1 Two-Way Trafficway <input type="checkbox"/> 2 Divided Highway W/O Traffic Barrier <input type="checkbox"/> 3 Divided Highway With Traffic Barrier <input type="checkbox"/> 4 One-Way Trafficway		26H. APPARENT DRIVER CONDITION If Probable Contributing Circumstance 20 marked above, indicate the physical impairment. V1 V2 <input type="checkbox"/> 1 Sick <input type="checkbox"/> 2 Fatigue <input type="checkbox"/> 3 Asleep <input type="checkbox"/> 4 Medication <input type="checkbox"/> 5 Other 26K. GVW RATING V1 _____ lbs V2 _____ lbs			

27. COLLISION: Direction Prior to Impact: V1 N E S W V2 N E S W V3 N E S W V4 N E S W
 28. DIAGRAM: (circle one) V1 V2 V3 V4

Est. Speed - Fatals Only
 V1 V2 V3 V4

If Department elects to use the I.T.E. symbols, refer to Appendix A in the Missouri Uniform Accident Report Preparation Manual.

UTILITY POLE

STOP SIGN

RP

18'

14'5"

12'

20'3"

STATE ROUTE (REDACTED)

STOP SIGN

INDICATE ROAD NAMES

REQUIRED UNLESS DELAYED REPORT

DIAGRAM NOT TO SCALE

OFFICER NARRATIVE AND STATEMENTS (IF ADDITIONAL ROOM IS NECESSARY, ATTACH A SEPARATE SHEET)

Sir: On [REDACTED] 96, at about [REDACTED] hours, I was directed to [REDACTED] Street (State Route [REDACTED]) for an accident with injury. Upon arrival, I observed vehicles 1 and 2 in the middle of the intersection, and that the driver of vehicle 1 was still sitting behind the steering wheel. After exiting the police car to give aid to the driver of vehicle 1, I observed that Officer [REDACTED] had already made contact with the driver and was rendering first aid.

Note: Upon Officer [REDACTED] opening the door of vehicle 1 he observed a clear plastic bag that contained green/brown vegetable type substance on the floorboard at the driver's feet which was seized by me as evidence after Officer [REDACTED] pointed it out.

At this time I made contact with an injured rear seat passenger of vehicle #2, and started to render first aid when another victim from vehicle #2 screamed, "He needs help, he is not breathing." I asked who and the victim said, "The boy over there on the hill," and at the same time, he pointed southeast of vehicle #2 where I was. I exited vehicle #2 and ran to where the young boy was lying on the ground. As I was running to the boy's location the [REDACTED] Volunteer Fire Department and [REDACTED] Ambulance [REDACTED] arrived on the scene. When I got up to the small child he was not breathing, and there was a very large amount of blood

29. PHOTOS

☐ NO ☒ YES BY WHOM [REDACTED]

RECONSTRUCTION - Includes Narrative, Diagram, and Photo(s)

☐ NO ☒ YES BY WHOM [REDACTED]

30. REPORTING OFFICER SIGNATURE

DSNBADGE NO. [REDACTED]

BEAT/ZONE [REDACTED]

TROOP/DIST/PCT [REDACTED]

REVIEWING OFFICER [REDACTED]

DSNBADGE NO. [REDACTED]

n/a

ORIGINAL

IF ADDITIONAL SPACE IS NEEDED USE ANOTHER CONTINUATION FORM CC		FORM NO. F-9L		2. DEPARTMENT FILE NO.	
1. DEPARTMENT REPORTING [REDACTED] Department		CONTINUATION DETAILS STOLEN PROPERTY PERSONS WANTED - ARRESTED - VICTIM - WITNESS		4. [REDACTED]	
3. DATE OF THIS REPORT [REDACTED]-96				PAGE 4 OF 5 PAGES	
5. VICTIM OR COMPLAINANT [REDACTED]		6. PLACE OF OCCURRENCE [REDACTED] MO			

coming from his ears, and nose, and he was gurgling large amounts of blood from his mouth. Paramedic [REDACTED] and EMT [REDACTED] rendered assistance to the young boy, and immediately transported him to the [REDACTED] by [REDACTED] Ambulance [REDACTED]. Ambulance [REDACTED] commanded by paramedics [REDACTED] and [REDACTED], transported [REDACTED] and [REDACTED], victims, from vehicle 2, to the [REDACTED], [REDACTED] also for treatment.

[REDACTED] Ambulance [REDACTED], commanded by EMT [REDACTED], and Paramedic, [REDACTED], transported [REDACTED] and [REDACTED] along with [REDACTED], after all three were given first aid. Prior to [REDACTED] being transported, I placed him under arrest for driving while intoxicated and possession of 35 grams or less of marijuana. I advised him of his rights per the Miranda Rule and explained the Missouri Implied Consent law and requested that he take a breath test, and he said, "No."

After all victims were transported, Officer [REDACTED] requested an accident reconstruction officer from the [REDACTED] Highway Patrol to respond to the scene while I was en route to the hospital.

When I arrived at the hospital I recontacted [REDACTED] re advised him of his rights and of the Implied Consent Law and again asked him if he would submit to a breath test or a blood test. [REDACTED], still with a strong odor of an intoxicating beverage on his breath said, "I want a breath test, no, a blood test, no a breath/blood test" and then he said, "No." I then made contact with emergency room [REDACTED], who treated [REDACTED] [REDACTED] said [REDACTED] would not be admitted, he only had abrasions and contusions and was fit for confinement at county jail. [REDACTED] also said [REDACTED] had a strong odor of an intoxicating beverage on his breath. After [REDACTED] was treated and released, I took physical custody of him and transported him to the [REDACTED] County Sheriff's Department where he will be held pending the application of warrant.

It should be noted at this time that while I was out at the hospital with [REDACTED] and the victims, I interviewed the driver of vehicle #2, [REDACTED] [REDACTED] related the following:

[REDACTED] said that herself and her family were on the way home from having dinner in [REDACTED] and that they (the victims) were all talking. As they were going by [REDACTED] [REDACTED] this van, without headlights on, in the wrong lane, pulled right in front of her. She tried to stop, but couldn't.

Also as I was interviewing the driver, the emergency room staff requested the [REDACTED] Helicopter from [REDACTED], MO to transport [REDACTED] to [REDACTED] Hospital, [REDACTED] MO.

IF ADDITIONAL SPACE IS NEEDED
USE ANOTHER CONTINUATION FORM CC

1. DEPARTMENT REPORTING [REDACTED] Department		FORM NO. F-9L CONTINUATION DETAILS STOLEN PROPERTY PERSONS WANTED - ARRESTED - VICTIM - WITNESS		2. DEPARTMENT FILE NO. [REDACTED]	
3. DATE OF THIS REPORT [REDACTED]-96				4. PAGE 5 OF 5 PAGES	
5. VICTIM OR COMPLAINANT [REDACTED]			6. PLACE OF OCCURRENCE [REDACTED] MO		

Upon completing the interview and incarcerating [REDACTED] in [REDACTED] County Jail I proceeded back to my venue to continue the investigation. While I was en route back to [REDACTED], I was advised by Officer [REDACTED], who was at the police department, that he had been contacted by hospital staff and advised that at [REDACTED] hours [REDACTED] on and [REDACTED] had pronounced victim, [REDACTED] dead, due to severe trauma he sustained in the vehicle accident.

After receiving this information Deputy [REDACTED] of the [REDACTED] County Jail was advised to modify the original booking charges and add the charge of Involuntary Manslaughter-Vehicular, to the arrest sheet. Also after I originally advised [REDACTED] of his rights and attempted to interview him, the only statement he gave me was, "I don't remember anything."

When I arrived at the police department Officer [REDACTED] informed me that he was contacted by [REDACTED], accident reconstructionist for the [REDACTED] Highway Patrol, who completed the preliminary measurements at the scene and advised that he would contact me [REDACTED] at [REDACTED] hours, [REDACTED], 1996 and complete the reconstruction. A copy of Corporal [REDACTED] reconstruction report will be submitted when received by this department. While speaking to Officer [REDACTED] about the case I was contacted by [REDACTED] County Ambulance EMT [REDACTED] and advised that he was on the scene that attended to [REDACTED] [REDACTED] said he asked [REDACTED] how much he had drunk, and [REDACTED] said, "I had enough." I had enough, that's all that needs to be known."

Any further will be submitted in a supplementary report.

Respectfully Submitted,
[REDACTED]

NCIC# _____ VEHICLE IMPOUNDMENT AND INVENTORY RECORD NO. ~~1000000000~~

VEHICLE INFORMATION

 YEAR 1976 MAKE FORD TYPE VAN COLOR BLUE ODOMETER READING
 LICENSE # STATE MO VIN # E25HHC
 VIN CHECK WITH REGISTRATION YES ☐ NO ☐ ALTERED ☐ OPR. DR. LIC. #
 VEHICLE OPERATOR ADDRESS PH. #
 REGISTERED OWNER SAME ADDRESS PH. #
 LEGAL OWNER SAME ADDRESS PH. #
 NAME OF ARRESTED PARTY ARREST REPORT #
 REPORTED BY DATE TIME

REASON FOR IMPOUNDMENT

 ACCIDENT ☒ DUI ☒ STOLEN ☐ ABANDONED ☐ FELONIOUS USE ☐ NO OPR. LIC. ☐ BURNED ☐
 OTHER THAN ABOVE FATAL

 TOW-IN SERVICE REQUESTED BY SIGNED
 EXACT LOCATION WHERE VEHICLE PICKED UP STATE RT AT MO
 NAME OF TOW-IN SERVICE DRIVER ROTATION #
 VEHICLE TOWED TO MILES TOWED DATE TIME
 VEHICLE TOWED: BACKWARD ☐ FORWARD ☐ DRIVESHAFT DISCONNECTED ☐ DOLLY ☐ OTHER
 VEHICLE DRIVEABLE: YES ☐ NO ☒ DRIVEN IN BY

INVENTORY AND CONDITION OF VEHICLE WHEN TOWED-IN

 DOORS AND TRUNK: LOCKED ☐ UNLOCKED ☒ KEYS IN CAR ☐ KEYS IN PROPERTY ROOM ☐ OTHER
 (USE CONDITION SYMBOL 1-FOR EXCELLENT - 2-GOOD - 3-FAIR - 4-POOR - 5-CONSTRUCTIVE TOTAL)

✓		DAMAGED	CONDITION	✓		DAMAGED	CONDITION	✓		DAMAGED	CONDITIO
X	FRONT END	X	5		ENGINE	0	4		SPARE TIRE	—	UNK
	LF 1/4	0	52		RADIATOR	0	2		LR TIRE	—	—
	LF DOOR	0	2		ALTERNATOR	—	—		RR TIRE	—	—
	LR DOOR	NA	NA		BATTERY	—	—		RF TIRE	YES	FLAT
	LR 1/4	0	2		A/C	NA	NA		LF TIRE	—	—
	REAR END	0	3		RADIO	—	—		GLASS	NONE	—
	RF 1/4	X	5		TAPE DECK	—	—				
	RF DOOR	0	3		HUB CAP	NONE	NONE				
	RR DOOR	0	3		WHEEL COVER	NA	NA				
	RR 1/4	0	3		DRIVE TRAIN	UNK	UNK				
	HOOD	X	4		JACK	YES	UNK				
	TOP	0	3		TOOLS	—	UNK				
	REAR LID	NA	NA		GASOLINE	—	—				

REMARKS HOLD AS EVIDENCE

(USE SUPPLEMENTARY REPORT FOR ANY DETAILS NOT LISTED ON THIS PAGE)

 DESCRIBE ANY PERSONAL PROPERTY LEFT IN VEHICLE MISC HAND TOOLS, JACKETS, BBQ SMOKER, FIRE EXTINGUISHER,
SPARE TIRE, MISC KEYS - CASSETTE TAPES

 PERSONAL PROPERTY: REMOVED BY OPERATOR ☐ IN PROPERTY ROOM ☐ OTHER NONE

 REPORT MADE BY DATE TIME

THE ABOVE VEHICLE HAS BEEN RELEASED TO ME AND I FOUND IT'S CONDITION TO BE AS INDICATED ABOVE.

 SIGNED DATE 96 TIME

ALCOHOL INFLUENCE REPORT

FORM
2389
(REV 11-95)

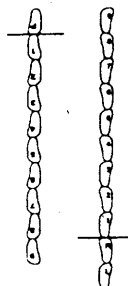
TYPE OR PRINT IN BLACK INK

ORI NUMBER
REPORT NUMBER
DATE OF REPORT
MUCS NUMBER

TIME OF INITIAL CONTACT [REDACTED] AM [REDACTED] PM	TIME OF ACCIDENT [REDACTED] AM [REDACTED] PM	DATE OF ARREST [REDACTED] 96	TIME OF ARREST [REDACTED] AM [REDACTED] PM	COUNTY OF ARREST [REDACTED]
LOCATION OF ARREST STATE ROUTE [REDACTED] AND [REDACTED]				<input type="checkbox"/> COUNTY OR CITY ORDINANCE <input checked="" type="checkbox"/> RSMo 577.010 OR 577.012
REASON FOR INITIAL CONTACT <input type="checkbox"/> TRAFFIC VIOLATION <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> OTHER - EXPLAIN:				
FULL NAME [REDACTED]				DATE OF BIRTH (MM DD YY) [REDACTED]
ADDRESS [REDACTED]			CITY, STATE, ZIP CODE [REDACTED], MO [REDACTED]	
RACE WHITE	SEX MALE	HEIGHT 605	WEIGHT 210	EYES H2L
HAIR BROWN				
DRIVER LICENSE NUMBER [REDACTED]	LICENSE SURRENDERED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	STATE MO	VEHICLE LICENSE NUMBER [REDACTED]	STATE MO
YEAR 1976	MAKE FORD	MODEL ECONOLINE	COLOR BLUE	TOWED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CLOTHING WORN			VIN E25HHC [REDACTED]	
<input type="checkbox"/> HAT OR CAP <u>NONE</u> <input type="checkbox"/> JACKET OR COAT <u>NONE</u> <input checked="" type="checkbox"/> SHOES OR BOOTS <u>WORK BOOTS</u> <input type="checkbox"/> OTHER _____				
<input checked="" type="checkbox"/> SHIRT OR DRESS <u>PLND SHORT SLEEVE SHIRT</u> <input checked="" type="checkbox"/> PANTS OR SLACKS <u>HARLEY DAVIDSON TEE SHIRT</u> <u>BLUE DENIM JEANS SHORTS</u>				
BREATH	<input checked="" type="checkbox"/> ODOR OF ALCOHOLIC BEVERAGE: <input type="checkbox"/> FAINT <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> STRONG			
EYES	<input type="checkbox"/> NORMAL <input type="checkbox"/> WATERY <input checked="" type="checkbox"/> BLOODSHOT <input type="checkbox"/> GLASSY <input type="checkbox"/> STARING			
PUPILS	<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> DILATED <input type="checkbox"/> CONTRACTED <input type="checkbox"/> POOR REACTION TO LIGHT			
BALANCE	<input type="checkbox"/> SURE <input type="checkbox"/> FAIR <input type="checkbox"/> SWAYING <input type="checkbox"/> WOBBLING <input type="checkbox"/> SAGGING KNEES <input type="checkbox"/> FALLING <input checked="" type="checkbox"/> OTHER			
WALKING	<input type="checkbox"/> SURE <input type="checkbox"/> FAIR <input type="checkbox"/> SWAYING <input type="checkbox"/> STUMBLING <input type="checkbox"/> STAGGERING <input type="checkbox"/> FALLING <input checked="" type="checkbox"/> OTHER			
TURNING	<input type="checkbox"/> SURE <input type="checkbox"/> FAIR <input type="checkbox"/> SWAYING <input type="checkbox"/> UNCERTAIN <input type="checkbox"/> STAGGERING <input type="checkbox"/> FALLING <input checked="" type="checkbox"/> OTHER			
SPEECH	<input type="checkbox"/> COHERENT <input checked="" type="checkbox"/> SLURRED <input type="checkbox"/> CONFUSED <input type="checkbox"/> INCOHERENT <input type="checkbox"/> STUTTERING <input type="checkbox"/> MUMBLING <input type="checkbox"/> OTHER			
CLOTHING	<input type="checkbox"/> NEAT <input checked="" type="checkbox"/> MUSED <input type="checkbox"/> OTHER			
SOILED BY	<input checked="" type="checkbox"/> DIRT <input type="checkbox"/> URINE <input type="checkbox"/> VOMIT <input type="checkbox"/> SALIVA <input type="checkbox"/> OTHER			
ATTITUDE	<input checked="" type="checkbox"/> POLITE <input type="checkbox"/> EXCITED <input type="checkbox"/> ANGRIOUS <input type="checkbox"/> TALKATIVE <input type="checkbox"/> CAREFREE <input checked="" type="checkbox"/> COOPERATIVE <input type="checkbox"/> UNCOOPERATIVE <input checked="" type="checkbox"/> OTHER			
UNUSUAL ACTIONS	<input type="checkbox"/> PROFANITY <input type="checkbox"/> HICCUPS <input type="checkbox"/> BELCHING <input type="checkbox"/> VOMITING <input type="checkbox"/> FIGHTING <input type="checkbox"/> OTHER			
ABILITY TO FOLLOW INSTRUCTIONS	<input type="checkbox"/> POOR <input checked="" type="checkbox"/> N/A <input type="checkbox"/> GOOD			

☐ WALK-AND-TURN

- ☐ Cannot keep balance while listening to instructions
- ☐ Starts before instructions are finished
- ☐ Stops while walking to steady self
- ☐ Does not touch heel to toe
- ☐ Loses balance while walking (i.e. steps off line)
- ☐ Uses arms for balance
- ☐ Loses balance while turning
- ☐ Incorrect number of steps
- ☐ Cannot do test (steps off line three or more times)

☐ ONE LEG STAND

- ☐ L ☐ R Sways while balancing
- ☐ Uses arms to balance
- ☐ Hops
- ☐ Puts foot down
- ☐ Cannot do test (puts foot down 3 or more times)

☐ GAZE NYSTAGMUS

- LEFT RIGHT
- No smooth pursuit
- Distinct Nystagmus at maximum deviation
- Onset before 45° with some white showing

OTHER: (ANY OTHER TEST(S) GIVEN NOT LISTED ABOVE)

BALANCE, WALKING, TURNING, WALK-AND-TURN, ONE LEG STAND AND GAZE NYSTAGMUS NOT ADMINISTERED/OBSERVED AS SUBJECT WAS TRANSPORTED TO HOSPITAL BECAUSE OF ACCIDENT

FORM 2389

PAGE 2

WAS DRIVING IMPAIRED?

☒ YES ☐ NO**MIRANDA RIGHTS**

BECAUSE YOU ARE UNDER ARREST, I AM INFORMING YOU OF YOUR CONSTITUTIONAL RIGHTS (MIRANDA WARNING)

- ☒ 1. You have the right to remain silent.
- ☒ 2. Anything you say can and will be used against you in a court of law.
- ☒ 3. You have the right to talk to a lawyer and have him present with you while you are being questioned.
- ☒ 4. If you cannot afford to hire a lawyer, one will be appointed to represent you before any questioning, if you wish.
- ☒ 5. You can decide at any time to exercise these rights and not answer any questions or make any statements.

RIGHTS GIVEN AT

☒ SCENE☐ STATION

DO YOU UNDERSTAND THE RIGHTS I'VE EXPLAINED TO YOU?

TIME ADVISED

DATE

☒ HOSPITAL☐ ENROUTE TO STATION☒ YES ☐ NO

[REDACTED]

[REDACTED] 96

INTERVIEWER'S COMMENTS

ACTUAL TIME

☐ AM

DAY

DATE

INTERVIEWER'S NAME

☐ PM

Not Interviewed

INTERVIEW/REPORT OF INTERVIEWED PERSON'S RESPONSES

WHAT TIME IS IT NOW?

☐ AM

WHAT IS THE DATE?

WHAT DAY OF THE WEEK IS IT?

WHAT CITY (COUNTY) ARE YOU IN NOW?

☐ PM

WHEN DID YOU LAST EAT?

WHAT DID YOU LAST EAT?

N/A

WHAT IS YOUR OCCUPATION?

WHEN DID YOU LAST WORK?

WHEN DID YOU LAST SLEEP?

HOW LONG?

WHAT WERE YOU DOING DURING THE LAST THREE HOURS?

DO YOU HAVE ANY PHYSICAL DEFECTS? DESCRIBE:

☐ YES ☐ NO

ARE YOU ILL? EXPLAIN:

☐ YES ☐ NO

HAVE YOU BEEN INJURED LATELY?

☐ YES ☐ NO

HAVE YOU SEEN A DOCTOR OR DENTIST LATELY?

WHO?

WHEN?

☐ YES ☐ NO

WHY?

ARE YOU TAKING TRANQUILIZERS, PILLS OR MEDICINE OF ANY KIND?

☐ YES ☐ NO

WHAT KIND? (GET SAMPLE)

LAST DOSE?

☐ AM☐ PM

HAVE YOU HAD ANY INJECTIONS OF ANY OTHER DRUGS RECENTLY? WHAT FOR?

☐ YES ☐ NO

WHAT KIND? (GET SAMPLE)

LAST DOSE?

☐ AM☐ PM

DO YOU HAVE EPILEPSY?

☐ YES ☐ NO

DO YOU HAVE DIABETES?

☐ YES ☐ NO

DO YOU TAKE INSULIN?

☐ YES ☐ NO

LAST DOSE

☐ AM☐ PM

ARE YOU WEARING FALSE TEETH?

☐ YES ☐ NO

DO YOU HAVE AN ARTIFICIAL EYE?

☐ YES ☐ NO

WERE YOU INVOLVED IN AN ACCIDENT TODAY?

☐ YES ☐ NO

WERE YOU OPERATING THE VEHICLE?

☐ YES ☐ NO

DESTINATION

DID YOU GET A BUMP ON THE HEAD?

☐ YES ☐ NO

ARE YOU UNDER THE INFLUENCE OF AN ALCOHOLIC BEVERAGE NOW?

☐ YES ☐ NO

HAVE YOU BEEN DRINKING?

☐ YES ☐ NO

TIME STARTED

☐ AM

TIME STOPPED

☐ AM

WHAT?

☐ PM☐ PM

WHERE?

HOW MUCH?

HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGE SINCE THE ACCIDENT?

☐ YES ☐ NO

WHEN?

WHAT?

WHERE?

HOW MUCH?

HAVE YOU SMOKED OR USED MARIJUANA OR ANY OF ITS DERIVATIVES IN THE LAST 72 HOURS (THREE DAYS)?

☐ YES ☐ NO

WHEN?

WHERE?

HOW MUCH?

DO YOU HAVE ANY MIDDLE EAR DEFECTS? EXPLAIN:

☐ YES ☐ NO

FORM 2389

ORI NUMBER

REPORT NUMBER

PAGE 3

IMPLIED CONSENT YOU MUST FILL IN THIS SECTION - SIMPLY WRITING "REFUSED" IS UNACCEPTABLE

STATE STATUTES SECTION 577.041

☒ 1. You are under arrest for driving while intoxicated.

☒ 2. To determine the alcohol/drug content of your blood, I am requesting you submit to a chemical test of your
☒ Breath ☒ Blood ☐ Saliva ☐ Urine (Check one or two)

☒ 3. If you refuse to take the test(s), your driver license shall immediately be revoked for one year

☒ 4. Evidence of your refusal to take the test(s) may be used against you in prosecution in a court of law

☒ 5. Having been informed of the reasons for requesting the test(s), will you take the test(s)? ☐ YES ☒ NO Time 9 ☐ AM ☒ PM

DID SUBJECT REQUEST ATTORNEY PRIOR TO TEST(S)? ☒ YES ☐ NO TIME SUBJECT ASKED FOR ATTORNEY ☐ AM ☒ PM NAME OF PERSON PHONED FOR ADVICE NONE

CHEMICAL TESTS

I have reasonable grounds to believe that the arrested person was operating a motor vehicle while in an intoxicated condition, and I did then and there request the arrested person to submit to a chemical test for the purpose of determining the alcohol/drug content of his/her blood, and did then and there inform the arrested person that evidence of his/her refusal to take the test may be used against him/her and that his/her driver license shall immediately be revoked for one year upon his/her refusal to take the test, and that the arrested person did, in fact, then and there, refuse to submit to the test(s).

<input type="checkbox"/> BAC VERIFIER	<input type="checkbox"/> BREATHALYZER 900/900A	<input type="checkbox"/> DATA MASTER
<input type="checkbox"/> 1. Subject observed for at least 15 minutes by <u> </u> No smoking or oral intake of any material during this period; if vomiting occurs, start over with the 15 minute observation period. <input type="checkbox"/> 2. Assure that power switch is on. <input type="checkbox"/> 3. If traveling dots are present on display board, press RUN button and wait for green status light to appear, or if green status light is already on, proceed with Step 4. <input type="checkbox"/> 4. Press RUN button. <input type="checkbox"/> 5. When display board reads "blo" and gives audible beep, take subject's breath sample. <input type="checkbox"/> 6. When printer has completed printing test result, tear off tape, fill in subject's name, officer's name and badge number on printout tape. (Record correct time and/or date if instrument's time and/or date is incorrect.) <input type="checkbox"/> 7. Attach printout to this report.	<input type="checkbox"/> 1. Subject observed for at least 15 minutes by <u> </u> No smoking or oral intake of any material during this period; if vomiting occurs, start over with the 15 minute observation period. <input type="checkbox"/> 2. Use only single test chemical reagents received in a sealed ampoule from a source approved by the department. <input type="checkbox"/> 3. Record manufacturer's identity and lot or control number if ampoules. Mfr. <u> </u> Lot No. <u> </u> <input type="checkbox"/> 4. Throw switch to ON; wait until thermometer shows $50^{\circ} \pm 3^{\circ}\text{C}$. (If instrument has been on and is up to temperature, go to next step.) <input type="checkbox"/> 5. Gauge reference ampoule and insert in left-hand holder. <input type="checkbox"/> 6. Gauge test ampoule, open, insert in right-hand holder, insert bubbler, and connect to delivery tube. <input type="checkbox"/> 7. Turn control knob to TAKE, purge with ambient air, turn to ANALYZE. <input type="checkbox"/> 8. When red light (empty signal) comes on, wait 90 seconds, turn on light, balance. <input type="checkbox"/> 9. Set blood alcohol pointer on start line (.00) with the pointer adjustment line. <input type="checkbox"/> 10. Turn control knob to TAKE, take breath sample, turn to ANALYZE, and record time of test <u> </u> <input type="checkbox"/> 11. When red light (empty signal) comes on, wait 90 seconds, turn on light, balance. <input type="checkbox"/> 12. Record result on this report. Remove both the standard and test ampoules, dispose of test ampoule, turn control knob to OFF position.	<input type="checkbox"/> 1. Subject observed for at least 15 minutes by <u> </u> No smoking or oral intake of any material during this period; if vomiting occurs, start over with the 15 minute observation period. <input type="checkbox"/> 2. Assure that power switch is on. <input type="checkbox"/> 3. A. Check display for status. B. Check display for proper date and time. C. Assure that green ready light is illuminated. <input type="checkbox"/> 4. Press RUN button. <input type="checkbox"/> 5. When display requests INSERT TICKET, insert evidence ticket face down with gummed edge forward in the bottom slot on the left front panel of the instrument. <input type="checkbox"/> 6. When the display reads PLEASE BLOW and gives audible beep, take subject's breath sample. <input type="checkbox"/> 7. When printer has completed printing out test result, remove ticket from printer. Add subject's name, officer's name and badge number on the evidence ticket. (Record correct time and/or date if instrument's time and/or date is incorrect.) <input type="checkbox"/> 8. Attach evidence ticket to this report.
<input type="checkbox"/> INTOXILYZER 5000 <input type="checkbox"/> 1. Subject observed for at least 15 minutes by <u> </u> No smoking or oral intake of any material during this period; if vomiting occurs, start over with the 15 minute observation period. <input type="checkbox"/> 2. Assure that power switch is ON and then press the START TEST button. <input type="checkbox"/> 3. Insert test record card. <input type="checkbox"/> 4. Enter log number, subject's name and arresting officer's name. <input type="checkbox"/> 5. When display shows PLEASE BLOW, insert mouthpiece and have subject blow until tone stops. <input type="checkbox"/> 6. When test record is printed, remove from instrument; operator then signs and places card in evidence.	OTHER (ATTACH CHECKLIST OR LAB REPORT) <input type="checkbox"/> INTOXIMETER 3000 <input type="checkbox"/> ALCO-ANALYZER 2000 <input type="checkbox"/> ALCO-SENSOR IV RBT <input type="checkbox"/> INTOXILYZER 1400 <input type="checkbox"/> OTHER <u> </u>	

AS SET FORTH IN THE RULES PROMULGATED BY THE DEPARTMENT OF HEALTH RELATED TO THE DETERMINATION OF BLOOD ALCOHOL BY BREATH ANALYSIS, I CERTIFY THAT:

1. There was no deviation from the procedure approved by the department.
2. To the best of my knowledge the instrument was functioning properly.
3. I am authorized to operate this instrument.
4. No radio transmissions occurred inside the room where and when this test was being conducted, and that the instrument was at its RFI certified location during the test.

NAME OF OPERATOR	TROOP OR AGENCY	PERMIT NUMBER	EXPIRATION DATE
MODEL NUMBER	SERIAL NUMBER	INVENTORY NUMBER	BLOOD ALCOHOL CONCENTRATION BY WEIGHT
WITNESS (IF ANY)		DATE	

FORM 2389

PAGE 4

ARRESTED PERSON WAS OBSERVED DRIVING/OPERATING A MOTOR VEHICLE BY

No-Observed behind steer wheel after fatal vehicle accident

STATE OTHER FACTS WHICH SUPPORT ARRESTING OFFICER'S BELIEF THAT THIS PERSON WAS (1) DRIVING/OPERATING A MOTOR VEHICLE AND (2) WAS DOING SO WHILE IN AN INTOXICATED CONDITION (USE CONTINUATION REPORTS IF NECESSARY).

Observed behind steering wheel after fatal head on vehicle accident
 There was a very strong odor of an intoxicating beverage on his breath, plus
 when his door (Driver side vehicle door) was opened a clear plastic bag of
 marijuana was on the floorboard at his feet. He also made a statement
 to a paramedic that he had drank enough.

THE FOLLOWING DOCUMENTS RELATING TO THIS ARREST ARE HEREBY INCORPORATED INTO THIS REPORT.

Report(s) of the result(s) of all chemical tests conducted showing blood alcohol content of 0.10% or more if not included on page 3 of this form (Checklist or Lab Report).
 Copy of Citation (MUCS) and/or complaint filed with the Court.
 Missouri Driver License, if secured.
 15 Day Temporary Permit (Revenue's copy), if issued.
 Suspension/Revocation Notice and Rights and Responsibilities (Revenue's copy), if issued.
 All other reports incidental to this arrest.
 Copy of most recent Maintenance Report prior to test.

I HEREBY SWEAR UPON MY OATH, AND DO STATE AS FOLLOWS:

At all times mentioned herein, I was employed as a member of the below stated Police Agency, and I am certified, or exempt from certification, by the Director of Public Safety as having completed a program of mandatory standards for the training of peace officers in this State pursuant to Missouri Revised Statutes Sections 590.100 thru 590.150, and I arrested the above named person for a violation of a county or city ordinance prohibiting driving while intoxicated or an alcohol-related traffic offense or Missouri Revised Statutes Section 577.010 or 577.012, and that the information contained herein is true and correct to the best of my knowledge.

CHECK APPROPRIATE BOX

☐ HIGHWAY PATROL
☐ COUNTY OFFICER

☒ MUNICIPAL OFFICER
☐ ELECTED OFFICIAL
☐ OTHER

NAME OF ARRESTING OFFICER

BADGE NUMBER/RANK

NAME OF POLICE AGENCY/TROOP LETTER

COMPLETE MAILING ADDRESS

BUSINESS TELEPHONE NUMBER

CITY, STATE, ZIP CODE

MISSOURI

SIGNATURE OF ARRESTING OFFICER (SIGNATURE MUST BE COMPLETED BEFORE A NOTARY PUBLIC OR OTHER AUTHORIZED PERSON)

NOTARY PUBLIC EMBOSSEY OR
BLACK-RUBBER STAMP SEAL

STATE

MO

COUNTY (OR CITY OF ST. LOUIS)

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

1996

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC STATE OF MISSOURI
 COUNTY
 MY COMMISSION EXP.

REVIEWED BY

CC

DET
COMM
ETU

2. DEPT. FILE NO.

1. DEPARTMENT REPORTING [REDACTED] Police Department				CODE NO.	3. ORIGINAL REPORT UCR CLASSIFICATION <u>Involuntary Manslaughter</u>
4. DIVISION <u>Uniform</u>	5. DISTRICT —	6. SECTOR [REDACTED]	7. GRID NO. —	SUPPLEMENTARY INVESTIGATIVE AND/OR DISPOSITION REPORT F-8	
9. DATE OF ORIGINAL REPORT [REDACTED] 1996		10. DAY OF WEEK [REDACTED]			
11. DATE AND TIME, THIS REPORT [REDACTED] 1996 [REDACTED]		12. DAY OF WEEK [REDACTED]			
14. NAME OF VICTIM OR COMPLAINANT (IF FIRM, NAME AND TYPE OF BUSINESS) [REDACTED] LAST FIRST MIDDLE				15. RESIDENCE ADDRESS [REDACTED]	16. RES. PHONE [REDACTED]
				17. PLACE OF OCCURRENCE (ADDRESS - NO. STREET - CITY) <u>State Rt. 2 [REDACTED]</u>	

18. ADDITIONAL DETAILS, INVESTIGATIVE AND/OR DISPOSITION

WARRANT APPLICATION REPORT

Use separate page for each person arrested.

Defendant name [REDACTED], DOB [REDACTED], AR# [REDACTED].

Initial Booking charges: #1 DWI

#2 Poss. Under 35 Grams

#3 V.M.C.S.I. - Possession

#4 1-Ct. 2nd Degree Assault - Vehicular

Application made to (ast. P. A.): [REDACTED]

Warrant issued: Judge unk, court unk, warr. # unk, ret. date unk
Charges issued:

#1 Drive While Intoxicated, bond unk, () F, () M, or () C

#2 Possession of less than 35gms. Marijuana, bond unk, () F, () M, or () C

#3 C&I by driving without headlights & failed to yield, bond unk, () F, () M, or () C

#4 Assault 2nd - Vehicular Injury, bond unk, () F, () M, or () C

() Warrant refused, or () under advisement. State reasons: N/A

Can evidence be disposed of? () yes, or (X) no

(X) Warrant to Phelps County or () warrant returned to

19. TRANSCRIBED BY: CLERK DATE	20. PROCESSED BY: CLERK DATE	21. TELETYPE (ORIGINAL-REFER-CANCELLATION) <u>N/A</u>
22. SIGNATURES-OFFICER(S) MAKING REPORT OSN [REDACTED]	23. APPROVED - IMMEDIATE SUPERVISOR [REDACTED]	24. FINAL APPROVAL [REDACTED] COMMANDING OFFICER

CC

1. DEPARTMENT REPORTING				2. DEPT. FILE NO.	
[REDACTED] Police Department				[REDACTED]	
4. DIVISION	5. DISTRICT	6. SECTOR	7. GRID NO.	3. ORIGINAL REPORT UCR CLASSIFICATION	
Uniform	B.F.D.	[REDACTED]	[REDACTED]	Involuntary Manslaughter	
9. DATE OF ORIGINAL REPORT			10. DAY OF WEEK	8. CERTIFIED AS	
[REDACTED] 1996			[REDACTED]	() ACTIVE (X) CLEARED BY ARREST () C	
11. DATE AND TIME, THIS REPORT			12. DAY OF WEEK	() INACTIVE () EXCEPTIONALLY CLEARED	
[REDACTED] 1996 [REDACTED]			[REDACTED]	13. RECLASSIFICATION (IF APPLIED)	
14. NAME OF VICTIM OR COMPLAINANT (IF FIRM, NAME AND TYPE OF BUSINESS)			15. RESIDENCE ADDRESS		
[REDACTED]			[REDACTED], MO		
16. ADDITIONAL DETAILS, INVESTIGATIVE AND/OR DISPOSITION			17. PLACE OF OCCURRENCE (ADDRESS - NO. STREET - CITY)		
[REDACTED]			State Rt. [REDACTED] & [REDACTED], MO		

Sir:

With regards to the above case number and classification, I would like to state the following:

On [REDACTED], [REDACTED] 1996, at about [REDACTED] hours I was contacted by [REDACTED] County EMT, [REDACTED], who gave the attached written statement as follow-up verbal statement made in original report.

Nothing further to report at this time.

Respectfully Submitted,

[REDACTED]

~~_____~~ 96

19

[REDACTED]

22

[REDACTED]

[REDACTED] AB [REDACTED]

Called by Central Dispatch to respond
mutual aid for [redacted] Ambulance at
an MVC with multiple pts. Upon arrival
of the scene I was directed to the attention of
[redacted] who was the driver of
one of the vehicles that was involved.
During the exam of the pt after obtaining
the pt. story complaints I asked the pt if he
had had anything to drink and he stated
that he had enough when asked how much
enough was, he stated ^{once} ^{again} enough and
that was all I needed to know.



[REDACTED]

[REDACTED]



[REDACTED]

CC

1. DEPARTMENT REPORTING [REDACTED] Police Department				2. DEPT. FILE NO. [REDACTED]
4. DIVISION Uniform				3. ORIGINAL REPORT UCR CLASSIFICATION Involuntary Manslaughter
5. DISTRICT [REDACTED]	6. SECTOR [REDACTED]	7. GRID NO. [REDACTED]	6. CERTIFIED AS () ACTIVE (X) CLEARED BY ARREST () () INACTIVE () EXCEPTIONALLY CLEARED	
9. DATE OF ORIGINAL REPORT [REDACTED] 1996		10. DAY OF WEEK [REDACTED]		
11. DATE AND TIME, THIS REPORT [REDACTED] 1996 [REDACTED]		12. DAY OF WEEK [REDACTED]		
14. NAME OF VICTIM OR COMPLAINANT (IF FIRM, NAME AND TYPE OF BUSINESS) [REDACTED]				13. RECLASSIFICATION (IF APPLIED) n/a
15. RESIDENCE ADDRESS [REDACTED] MO				16. RES. PHONE [REDACTED]
17. PLACE OF OCCURRENCE (ADDRESS - NO. STREET - CITY) [REDACTED] MO				
18. ADDITIONAL DETAILS, INVESTIGATIVE AND/OR DISPOSITION Sir:				

With regards to the above case number and classification, I would like to say the following:

On [REDACTED] [REDACTED] 1996 at about [REDACTED] hours while out at [REDACTED] Service, [REDACTED] continuing my investigation, I was advised that [REDACTED] had posted bond and had been allowed to retrieve items from his van because of miscommunication.

Upon receiving this information I again checked the interior of [REDACTED] van and found that when he retrieved the items he also pulled out the headlight switch which would give the indication that the headlights were on at the time of impact and prior to impact. It appeared that the headlight switch was not on prior to and after the impact because I was the first officer on the scene and there were no visible illuminated headlights or taillights on [REDACTED] van.

Also, on [REDACTED] [REDACTED] 1996, at about [REDACTED] hours myself and Officer [REDACTED] inventoried [REDACTED] van at the impound lot for any further evidence. I checked up under the dash of the van with my hand around the entire area of the headlight switch and steering column, while being observed by Officer [REDACTED]. The headlight switch was not pulled out to the on position.

On [REDACTED] [REDACTED] 1996 at about [REDACTED] hours I contacted [REDACTED] County Deputy, [REDACTED] who was also on the scene of the fatal accident as an assist officer. Deputy [REDACTED] advised that he had checked the interior of [REDACTED] van shortly after the accident had stabilized and all injured parties had been transported to the hospital. Deputy [REDACTED] also verified that the headlight switch was not pulled out to the on position and further said that there weren't any headlights or taillights on at all.

Respectfully Submitted,
[REDACTED]

CC

1. DEPARTMENT REPORTING				CODE NO.	2. DEPT. FILE NO.	
[REDACTED] Police Department					[REDACTED]	
4. DIVISION	5. DISTRICT	6. SECTOR	7. GRID NO.	3. ORIGINAL REPORT UCR CLASSIFICATION		
Uniform	[REDACTED]			4. CERTIFIED AS () ACTIVE (X) CLEARED BY ARREST () U; () INACTIVE () EXCEPTIONALLY CLEARED		
9. DATE OF ORIGINAL REPORT		10. DAY OF WEEK		13. RECLASSIFICATION (IF APPLIED)		
[REDACTED] 96		[REDACTED]		n/a		
11. DATE AND TIME, THIS REPORT		12. DAY OF WEEK				
[REDACTED] 96 [REDACTED]		[REDACTED]				
14. NAME OF VICTIM OR COMPLAINANT (IF FIRM, NAME AND TYPE OF BUSINESS)				15. RESIDENCE ADDRESS		16. RES. PHONE
[REDACTED]				[REDACTED] MO		[REDACTED]
				17. PLACE OF OCCURRENCE (ADDRESS - NO. STREET - CITY)		
LAST FIRST MIDDLE				[REDACTED] MO		
18. ADDITIONAL DETAILS, INVESTIGATIVE AND/OR DISPOSITION						

**SUPPLEMENTARY
INVESTIGATIVE
AND/OR
DISPOSITION
REPORT**
F-8

With direct reference to the above complaint number, that being assigned to an Involuntary Manslaughter, this officer will state the following:

On the above date at [REDACTED] hours this officer was directed by the [REDACTED] County Prosecuting Attorney, [REDACTED], to release [REDACTED] vehicle to him. This vehicle was being held as part of the above investigation.

At [REDACTED] hours the vehicle was released to [REDACTED] pending payment of towing and storage charges.

Respectfully Submitted,

[REDACTED]

CC

1. DEPARTMENT REPORTING				CODE NO.	2. DEPT. FILE NO.	
[REDACTED] Police Department					[REDACTED]	
4. DIVISION	5. DISTRICT	6. SECTOR	7. GRID NO.	3. ORIGINAL REPORT UCR CLASSIFICATION		
Uniform		[REDACTED]		Involuntary Manslaughter		
9. DATE OF ORIGINAL REPORT				8. CERTIFIED AS		
[REDACTED] 96				<input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> <input type="checkbox"/> INACTIVE <input type="checkbox"/> EXCEPTIONALLY CLEARED		
11. DATE AND TIME, THIS REPORT				13. RECLASSIFICATION (IF APPLIED)		
[REDACTED] 96 [REDACTED] hrs.				n/a		
14. NAME OF VICTIM OR COMPLAINANT (IF FIRM, NAME AND TYPE OF BUSINESS)				15. RESIDENCE ADDRESS		16. RES. PHONE
[REDACTED]				[REDACTED] MO		[REDACTED]
18. ADDITIONAL DETAILS, INVESTIGATIVE AND/OR DISPOSITION				17. PLACE OF OCCURRENCE (ADDRESS - NO. STREET - CITY)		
[REDACTED]				[REDACTED] MO		

Sir:

With regards to the above case number and classification, I would like to say the following:

On [REDACTED] 1996, at about [REDACTED] hours, I proceeded to [REDACTED] Service vehicle impound lot, [REDACTED] and seized the headlamps and taillamps of the perpetrator's and victim's vehicles after I photographed them.

The photographs will remain in evidence storage, and the headlamps and taillamps will be submitted to the MO State Highway Patrol laboratory for forensic testing.

Respectfully Submitted,

[REDACTED]

POLICE DEPARTMENT EVIDENCE RECEIPT

PRECINCT LOG NUMBER	LAB. NO.	SECURITY BAG NUMBER	NUMBER OF CONTAINERS BOXES	PACKAGES	RACK	BIN	AGENCY CODE	COMPLAINT NUMBER
OFFENSE INFORMATION:								
DATE OF OCCURRENCE		TYPE OF OFFENSE			LOCATION			AGENCY CODE
- 96		INVOL. MANSLAUGHTER						
VICTIM		ADDRESS			CITY/STATE/ZIP CODE			PHONE NUMBER
					MO			
CASE/INVESTIGATING OFFICER/DSN		PRECINCT/BUREAU			DEPARTMENT			PHONE NUMBER

SUSPECT INFORMATION: CODE: 1 - ARRESTED 2 - NOT TAKEN INTO CUSTODY 3 - SUMMONS IN LIEU ISSUED 4 - JUVENILE

NAME	D.O.B.	ADDRESS	CITY/STATE/ZIP CODE	PHONE NO.	CODE
			MO	NONE	

TYPE OF PROPERTY: EVIDENCE ☒ FOUND PROPERTY ☐ SAFE KEEPING ☐ ABANDONED PROPERTY ☐

EVIDENCE INFORMATION: OWNERSHIP CODE: 1 - SUSPECT 2 - VICTIM 3 - UNKNOWN 4 - OTHER (see remarks)
DISPOSITION CODE: 1 - DISPOSE OF AFTER ANALYSIS 2 - RETAIN AS EVIDENCE 3 - DISPOSE OF AFTER CASE CLOSED
4 - OTHER (see remarks) 5 - DISPOSE OF IF LAB. ANALYSIS NEGATIVE

ITEM NO.	DESCRIPTION (Include Serial Number)	OWNER CODE	DISPOSITION CODE	FORENSIC USE ONLY
A	PLASTIC BAG CONTAINING BROWN VEG. SUBSTANCE	1	2	
B	35MM FILM CANISTER W/ BROWN VEG SUBSTANCE	1	2	

LOCATION SEIZED/FOUND	DATE	OFFICER NAME/DSN	AGENCY CODE
Suspect's Vehicle	96		
CASE STATUS: WARRANT TO BE APPLIED FOR <input checked="" type="checkbox"/> WARRANT ISSUED <input type="checkbox"/> WARRANT UNDER ADVISEMENT <input type="checkbox"/> CASE CLOSED <input type="checkbox"/> REFUSED <input type="checkbox"/>			
COURT INFORMATION: GRAND JURY ASSOC. CIRCUIT COURT # CIRCUIT # WARRANT #			

REMARKS: (Type of analysis requested - Priority processing requested - Additional evidence anticipated - Other person etc. to receive the report) (IF OWNERSHIP CODE IS 4 - LIST NAME, ADDRESS, CITY STATE AND ZIP, AND PHONE NO.)

TEST FOR NARCOTIC TYPE & CONTENT

CHAIN OF CUSTODY:		ITEM NO.	
FROM:	TO: Evidence Storage	DATE: 9/16	AB
FROM: Evidence Storage	TO:	DATE: 96	
FROM:	TO:	DATE:	
FROM:	TO:	DATE:	
FROM:	TO:	DATE:	

POLICE DEPARTMENT EVIDENCE RECEIPT

PRECINCT LOG NUMBER	LAB. NO.	SECURITY BAG NUMBER	NUMBER OF CONTAINERS BOXES	PACKAGES	RACK	BIN	AGENCY CODE	COMPLAINT NUMBER
OFFENSE INFORMATION:								
DATE OF OCCURRENCE		TYPE OF OFFENSE			LOCATION			AGENCY CODE
1/96		Invol. Manslaughter						
VICTIM		ADDRESS			CITY/STATE/ZIP CODE			PHONE NUMBER
CASE/INVESTIGATING OFFICER/DSN		PRECINCT/BUREAU			DEPARTMENT			PHONE NUMBER

SUSPECT INFORMATION: CODE: 1 - ARRESTED 2 - NOT TAKEN INTO CUSTODY 3 - SUMMONS IN LIEU ISSUED 4 - JUVENILE

NAME	D.O.B.	ADDRESS	CITY/STATE/ZIP CODE	PHONE NO.	CODE
			1/96	160 N 2	

TYPE OF PROPERTY: EVIDENCE ☒ FOUND PROPERTY ☐ SAFE KEEPING ☐ ABANDONED PROPERTY ☐EVIDENCE INFORMATION: OWNERSHIP CODE: 1 - SUSPECT 2 - VICTIM 3 - UNKNOWN 4 - OTHER (see remarks)
DISPOSITION CODE: 1 - DISPOSE OF AFTER ANALYSIS 2 - RETAIN AS EVIDENCE 3 - DISPOSE OF AFTER CASE CLOSED
4 - OTHER (see remarks) 5 - DISPOSE OF IF LAB. ANALYSIS NEGATIVE

ITEM NO.	DESCRIPTION (Include Serial Number)	OWNER CODE	DISPOSITION CODE	FORENSIC USE ONLY
A	1- Black Baseball Type hat with used MARIJUANA cigarette in hat Band	1	2	

LOCATION SEIZED/FOUND	DATE	OFFICER NAME/DSN	AGENCY CODE
Suspect's Vehicle	1/96		
CASE STATUS: WARRANT TO BE APPLIED FOR <input checked="" type="checkbox"/> WARRANT ISSUED <input type="checkbox"/> WARRANT UNDER ADVISEMENT <input type="checkbox"/> CASE CLOSED <input type="checkbox"/> REFUSED <input type="checkbox"/>			
COURT INFORMATION: GRAND JURY ASSOC. CIRCUIT COURT # CIRCUIT # WARRANT #			

REMARKS:	(Type of analysis requested - Priority processing requested - Additional evidence anticipated - Other person etc. to receive the report) (IF OWNERSHIP CODE IS 4 - LIST NAME, ADDRESS, CITY STATE AND ZIP, AND PHONE NO.)

CHAIN OF CUSTODY:		ITEM NO.
FROM: [redacted]	TO: Storage	DATE: 1/96 A
FROM: Storage	TO: [redacted]	DATE: 1/96
FROM:	TO:	DATE:
FROM:	TO:	DATE:
FROM:	TO:	DATE:

POLICE DEPARTMENT EVIDENCE RECEIPT

PRECINCT LOG NUMBER	LAB. NO.	SECURITY BAG NUMBER	NUMBER OF CONTAINERS BOXES	RACK	BIN	AGENCY CODE	COMPLAINT NUMBER
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OFFENSE INFORMATION:

DATE OF OCCURRENCE	TYPE OF OFFENSE	LOCATION	AGENCY CODE
1/96	Involuntary Manslaughter		
VICTIM	ADDRESS	CITY/STATE/ZIP CODE	PHONE NUMBER
		Mo.	
OFFENSE INVESTIGATING OFFICER/DSN	PRECINCT/BUREAU	DEPARTMENT	PHONE NUMBER
	Uniform		

SUSPECT INFORMATION: CODE: 1 - ARRESTED 2 - NOT TAKEN INTO CUSTODY 3 - SUMMONS IN LIEU ISSUED 4 - JUVENILE:

NAME	D.O.B.	ADDRESS	CITY/STATE/ZIP CODE	PHONE NO.	CODE
			Mo.		

TYPE OF PROPERTY: EVIDENCE ☒ FOUND PROPERTY ☐ SAFE KEEPING ☐ ABANDONED PROPERTY ☐EVIDENCE INFORMATION: OWNERSHIP CODE: 1 - SUSPECT 2 - VICTIM 3 - UNKNOWN 4 - OTHER (see remarks)
DISPOSITION CODE: 1 - DISPOSE OF AFTER ANALYSIS 2 - RETAIN AS EVIDENCE 3 - DISPOSE OF AFTER CASE CLOSED
4 - OTHER (see remarks) 5 - DISPOSE OF IF LAB. ANALYSIS NEGATIVE

ITEM NO.	DESCRIPTION (Include Serial Number)	OWNER CODE	DISPOSITION CODE	FORENSIC USE ONLY
A	Passengers Side Front Head lamp			
B.	Driver Side Front Head light			
C.	Passengers Side Rear tail light			
D.	Driver Side Rear Tail light			

LOCATION SEIZED/FOUND	DATE	OFFICER NAME/DSN	AGENCY CODE
	1/96		

CASE STATUS: WARRANT TO BE APPLIED FOR ☐ WARRANT ISSUED ☐ WARRANT UNDER ADVISEMENT ☐ CASE CLOSED ☐ REFUSED ☐

COURT INFORMATION: GRAND JURY ASSOC. CIRCUIT COURT # CIRCUIT # WARRANT #

REMARKS: (Type of analysis requested - Priority processing requested - Additional evidence anticipated - Other person etc. to receive the report) (IF OWNERSHIP CODE IS 4 - LIST NAME, ADDRESS, CITY STATE AND ZIP, AND PHONE NO.)

CHAIN OF CUSTODY:		ITEM NO.
FROM:	TO: Storage	DATE: 1/96 A-D
FROM:	TO:	DATE:
FROM:	TO:	DATE:
FROM:	TO:	DATE:
FROM:	TO:	DATE:

POLICE DEPARTMENT EVIDENCE RECEIPT

PRECINCT LOG NUMBER	LAB. NO.	SECURITY BAG NUMBER	NUMBER OF CONTAINERS BOXES	PACKAGES	RACK	BIN	AGENCY CODE	COMPLAINT NUMBER
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OFFENSE INFORMATION:

DATE OF OCCURRENCE	TYPE OF OFFENSE	LOCATION	AGENCY CODE
9/96	Involuntary Manslaughter		
VICTIM	ADDRESS	CITY/STATE/ZIP CODE	PHONE NUMBER
		Mo.	
CASE/INVESTIGATING OFFICER/DSN	PRECINCT/BUREAU	DEPARTMENT	PHONE NUMBER
	Uniform		

SUSPECT INFORMATION CODE: 1 - ARRESTED 2 - NOT TAKEN INTO CUSTODY 3 - SUMMONS IN LIEU ISSUED 4 - JUVENILE

NAME	D.O.B.	ADDRESS	CITY/STATE/ZIP CODE	PHONE NO.	CODE
			Mo.		

TYPE OF PROPERTY: EVIDENCE ☒ FOUND PROPERTY ☐ SAFE KEEPING ☐ ABANDONED PROPERTY ☐EVIDENCE INFORMATION: OWNERSHIP CODE: 1 - SUSPECT 2 - VICTIM 3 - UNKNOWN 4 - OTHER (see remarks)
DISPOSITION CODE: 1 - DISPOSE OF AFTER ANALYSIS 2 - RETAIN AS EVIDENCE 3 - DISPOSE OF AFTER CASE CLOSED
4 - OTHER (see remarks) 5 - DISPOSE OF IF LAB. ANALYSIS NEGATIVE

ITEM NO.	DESCRIPTION (Include Serial Number)	OWNER CODE	DISPOSITION CODE	FORENSIC USE ONLY
A	Written Statement by EMT			

LOCATION SEIZED/FOUND	DATE	OFFICER NAME/DSN	AGENCY CODE
	9/96		
CASE STATUS: WARRANT TO BE APPLIED FOR <input type="checkbox"/> WARRANT ISSUED <input checked="" type="checkbox"/> WARRANT UNDER ADVISEMENT <input type="checkbox"/> CASE CLOSED <input type="checkbox"/> REFUSED <input type="checkbox"/>			
COURT INFORMATION: GRAND JURY ASSOC. CIRCUIT COURT # CIRCUIT # WARRANT #			

REMARKS: (Type of analysis requested - Priority processing requested - Additional evidence anticipated - Other person etc. to receive the report) (IF OWNERSHIP CODE IS 4 - LIST NAME, ADDRESS, CITY STATE AND ZIP, AND PHONE NO.)

CHAIN OF CUSTODY:			ITEM NO.
FROM:	TO:	DATE:	A
	Storage	9/96	
FROM:	TO:	DATE:	
FROM:	TO:	DATE:	
FROM:	TO:	DATE:	
FROM:	TO:	DATE:	

POLICE DEPARTMENT EVIDENCE RECEIPT

PRECINCT LOG NUMBER	LAB. NO.	SECURITY BAG NUMBER	NUMBER OF CONTAINERS BOXES	PACKAGES	RACK	BIN	AGENCY CODE	COMPLAINT NUMBER
				5				

OFFENSE INFORMATION:

DATE OF OCCURRENCE:	TYPE OF OFFENSE	LOCATION	AGENCY CODE
9/96	Involuntary Manslaughter		
VICTIM	ADDRESS	CITY/STATE/ZIP CODE	PHONE NUMBER
		Mo.	
CASE/INVESTIGATING OFFICER/DSN	PRECINCT/BUREAU	DEPARTMENT	PHONE NUMBER
	Uniform		

SUSPECT INFORMATION: CODE: 1 - ARRESTED 2 - NOT TAKEN INTO CUSTODY 3 - SUMMONS IN LIEU ISSUED 4 - JUVENILE

NAME	D.O.B.	ADDRESS	CITY/STATE/ZIP CODE	PHONE NO.	CODE
			Mo.		1

TYPE OF PROPERTY: EVIDENCE ☒ FOUND PROPERTY ☐ SAFE KEEPING ☐ ABANDONED PROPERTY ☐

EVIDENCE INFORMATION: OWNERSHIP CODE: 1 - SUSPECT 2 - VICTIM 3 - UNKNOWN 4 - OTHER (see remarks)

DISPOSITION CODE: 1 - DISPOSE OF AFTER ANALYSIS 2 - RETAIN AS EVIDENCE 3 - DISPOSE OF AFTER CASE CLOSED
4 - OTHER (see remarks) 5 - DISPOSE OF IF LAB. ANALYSIS NEGATIVE

ITEM NO.	DESCRIPTION (Include Serial Number)	OWNER CODE	DISPOSITION CODE	FORENSIC USE ONLY
A	Passenger Side Rear Tail light	1	2	
B	DRIVEN side Rear Tail light	1	2	
C	Passenger Side FRONT PARKING light	1	2	
D	Passenger Side Front Fender Side Parking light	1	2	
E	DRIVEN Side Front Headlight & Parking light	1	2	

LOCATION SEIZED/FOUND	DATE	OFFICER NAME/DSN	AGENCY CODE
	9/96		
CASE SUMMARY: WARRANT TO BE APPLIED FOR <input type="checkbox"/> WARRANT ISSUED <input checked="" type="checkbox"/> WARRANT UNDER ADVISEMENT <input type="checkbox"/> CASE CLOSED <input type="checkbox"/> REFUSED <input type="checkbox"/>			
COURT INFORMATION: GRAND JURY ASSOC. CIRCUIT COURT # CIRCUIT # WARRANT #			

REMARKS: (Type of analysis requested - Priority processing requested - Additional evidence anticipated - Other person etc. to receive the report) (IF OWNERSHIP CODE IS 4 - LIST NAME, ADDRESS, CITY STATE AND ZIP, AND PHONE NO.)

CHAIN OF CUSTODY:			ITEM NO.
FROM:	TO:	DATE:	A-E
	Storage	9/96	
FROM:	TO:	DATE:	
FROM:	TO:	DATE:	
FROM:	TO:	DATE:	
FROM:	TO:	DATE:	

PRECINCT LOG NUMBER	LAB. NO.	SECURITY BAG NUMBER	NUMBER OF CONTAINERS BOXES	PACKAGES	RACK	BIN	AGENCY CODE	COMPLAINT NUMBER
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OFFENSE INFORMATION:

DATE OF OCCURRENCE	TYPE OF OFFENSE	LOCATION	AGENCY CODE
96	Involuntary Manslaughter		
VICTIM	ADDRESS	CITY/STATE/ZIP CODE	PHONE NUMBER
		Mo.	
CASE/INVESTIGATING OFFICER/DSN	PRECINCT/BUREAU	DEPARTMENT	PHONE NUMBER
	Uniform		

SUSPECT INFORMATION: CODE: 1 - ARRESTED 2 - NOT TAKEN INTO CUSTODY 3 - SUMMONS IN LIEU ISSUED 4 - JUVENILE

NAME	D.O.B.	ADDRESS	CITY/STATE/ZIP CODE	PHONE NO.	CODE
			Mo.		1

TYPE OF PROPERTY: EVIDENCE ☒ FOUND PROPERTY ☐ SAFE KEEPING ☐ ABANDONED PROPERTY ☐

EVIDENCE INFORMATION: OWNERSHIP CODE: 1 - SUSPECT 2 - VICTIM 3 - UNKNOWN 4 - OTHER (see remarks)


DISPOSITION CODE: 1 - DISPOSE OF AFTER ANALYSIS 2 - RETAIN AS EVIDENCE 3 - DISPOSE OF AFTER CASE CLOSED
4 - OTHER (see remarks) 5 - DISPOSE OF IF LAB. ANALYSIS NEGATIVE

ITEM NO.	DESCRIPTION (Include Serial Number)	OWNER CODE	DISPOSITION CODE	FORENSIC USE ONLY
A	Photographs #1-thru#5 Suspect Vehicle	1	2	
B	Photographs #1-thru#4 Victims' Vehicle	2	2	

LOCATION SEIZED/FOUND	DATE	OFFICER NAME/DSN #	AGENCY CODE
	96		
CASE STATUS: WARRANT TO BE APPLIED FOR <input type="checkbox"/> WARRANT ISSUED <input type="checkbox"/> WARRANT UNDER ADVISEMENT <input type="checkbox"/> CASE CLOSED <input type="checkbox"/> REFUSED <input type="checkbox"/>			
COURT INFORMATION: GRAND JURY ASSOC. CIRCUIT COURT # CIRCUIT # WARRANT #			

REMARKS: (Type of analysis requested - Priority processing requested - Additional evidence anticipated - Other person etc. to receive the report) (IF OWNERSHIP CODE IS 4 - LIST NAME, ADDRESS, CITY STATE AND ZIP, AND PHONE NO.)

CHAIN OF CUSTODY:			ITEM NO.
FROM: #3	TO: Storage	DATE: 1/96	A-B
FROM:	TO:	DATE:	
FROM:	TO:	DATE:	
FROM:	TO:	DATE:	
FROM:	TO:	DATE:	

HIGHWAY PATROL CRIMINAL LABORATORY DIVISION  LABORATORY ANALYSIS REQUEST (To be completed by investigating officer) SHP-411C 10/94		DATE [REDACTED] 1996	MSHP LAB NO.
AGENCY CASE NO. [REDACTED]		AGENCY IDENTIFIER NO. (ORI) MO [REDACTED]	
HAS EVIDENCE RECEIVED PRIOR LABORATORY EXAMINATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		STATUS OF CASE <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADD-ON <input type="checkbox"/> REOPEN	
SUBMITTING AGENCY [REDACTED] Police		INVESTIGATING OFFICER [REDACTED]	INVESTIGATING OFFICE PHONE NO. [REDACTED]
TYPE OF CRIME Involuntary Manslaughter		DATE OF CRIME [REDACTED] 1996	COUNTY OF CRIME [REDACTED]
VICTIM(S) (INCLUDE DOB, RACE, SID, ETC.) [REDACTED] w/m; [REDACTED]		SUSPECT(S) (INCLUDE DOB, RACE, SID, ETC.) [REDACTED] w/m; [REDACTED]	
SUMMARY OF INCIDENT: (Include where crime occurred, all individuals involved, relationships between individuals, any unusual circumstances, etc.) Involuntary Manslaughter DWI Auto Accident which occurred at the intersection of [REDACTED] Questions have been raised as to whether perpetrators and victims head lights were on at time of impact.			
DESCRIPTION OF EVIDENCE (Continue on back if necessary)			
ITEM(S) SUBMITTED	LOCATION AND DATE OF RECOVERY	OWNER OF ITEM	EXAM REQUESTED (Be specific)
Head lamps, Tail lamps Side Fender lamps	[REDACTED] impound lot [REDACTED] 96	perpetrator	Analyze to determine whether illuminated at impact
Head Lamps & Tail lamps	[REDACTED] impound lot [REDACTED] 96	Victim	Analyze to determine whether illuminated at impact
SPECIAL INSTRUCTIONS (Continue on back if necessary) Analyze to determine whether submitted head lamps, tail lamps, parking lamps & side fender lamps were illuminated at impact.			

County Jail-[REDACTED], MO
Sheriff [REDACTED]

Booking: [REDACTED]

Alias: [REDACTED]

Booked: [REDACTED] 1996 [REDACTED]

Booked by: [REDACTED]

Searched by: [REDACTED]

Released: [REDACTED]

Released by: [REDACTED]

Release Type: [REDACTED]

Address: [REDACTED]

Telephone: [REDACTED] MO [REDACTED]

Emer Contact: [REDACTED]

Emer Addr: [REDACTED]

Emer Phone: [REDACTED] MO [REDACTED]

SSN: [REDACTED]

State ID: MO OPERATOR'S

Birth Place: [REDACTED] CO MO

DOB: [REDACTED]

Gender: M

Height: 6-05

Eyes: GREEN

Marital status: DIVORCED

Education:

Age: 43

Race: CAUCASIAN

Weight: 210

Hair: BROWN

Religion:

Booking Agency: [REDACTED]

Arrest Agency: [REDACTED]

Arrest Officer: [REDACTED]

Arrest Loc'n: [REDACTED]

Bond Amount: \$0.00

Warrant #:

Judge:

Alert/FBI/NCIC:

Offense:

DWI

POSS UNDER 35 GRAMS

VIOLATION MO CONTROLLED SUB.

2ND ASSAULT VULUCULAR INJ.

Holds for Other Agencies:

Feature

Location

Short Note

General Notes:

ONE EAR RING, ONE WATCH, ONE WALLET, \$30 DOLLARS AND \$2.70 IN CHANGE

[] Check if immediate action is necessary and explain below.

Referring Dept. ██████████ Police Dept. ██████████
Dept. Complaint # ██████████

PROSECUTION REFERRAL

Date of Offense: -96

Type of Offense: DWI, Possession U/35 Grams Marijuana, Assault 2nd Degree, Vehicular Injury, Involuntary Manslaughter - Vehicular, C & (Driving With No
Perpetrator's Name: Headlights After Dark) Expired MO Driver's License
& Fail To Yield Right-of-Way)

Aliases (if any): [REDACTED]

D.O.B. [REDACTED] SSN [REDACTED]

Address: [REDACTED]

3 [REDACTED] MO [REDACTED]

[] Check here if additional perpetrators are named on back and for each give pedigree and address.

☐ Check here if Defendant needs to be remanded to Sheriff's Department for booking.

Explain why immediate action is necessary (perpetrator dangerous, in custody, etc. if in custody, give date and time of arrest): _____

COMMENTS: _____

***Attach all reports pertaining to this offense and investigation with the incident report first.**

NOTE: Even reports of investigations not directly leading to evidence, (dead ends) if related to this offense, must be attached.

Name of referring/investigating officer

RECEIVED BY: _____

Date received: _____

Time received: _____

[] Check if immediate action is necessary and explain below.

Referring Dept. Police Dept.
Dept. Complaint #

PROSECUTION REFERRAL

Date of Offense: 12-1-96

Type of Offense: Tampering With Evidence

Perpetrator's Name: [REDACTED]

Aliases (if any): _____

D.O.B. [REDACTED] SSN [REDACTED]

Address: [REDACTED]

_____, MO _____

[] Check here if additional perpetrators are named on back and for each give pedigree and address.

☐ Check here if Defendant needs to be remanded to Sheriff's Department for booking.

Explain why immediate action is necessary (perpetrator dangerous, in custody, etc. if in custody, give date and time of arrest): _____

COMMENTS: _____

***Attach all reports pertaining to this offense and investigation with the incident report first.**

NOTE: Even reports of investigations not directly leading to evidence, (dead ends) if related to this offense, must be attached.

Name of referring/investigating officer

RECEIVED BY: _____

Date received: _____

Time received: _____

Missouri

1996

From : [REDACTED]

Subject: Accident Reconstruction - [REDACTED]
[REDACTED] d

To : Commanding Officer, [REDACTED]
[REDACTED] Missouri

1. On [REDACTED] 1996 at approximately [REDACTED] hours I was contacted by [REDACTED] Radio and advised of a fatality accident that occurred in the city limits of [REDACTED], MO. [REDACTED] P.D. was investigating the crash and was requesting the assistance of a Highway Patrol Reconstructionist. The crash occurred in [REDACTED] at the intersection of [REDACTED]. The accident involved two vehicles, one fatality and five injuries.
2. At approximately [REDACTED] hours, I arrived at the scene and contacted [REDACTED] Police Chief [REDACTED]. Chief [REDACTED] advised that the accident occurred at approximately [REDACTED] hours, and that [REDACTED] Officer [REDACTED] would be handling the investigation for [REDACTED] P.D. Officer [REDACTED] was not at the scene at this time, he had travelled to the [REDACTED] in [REDACTED] to obtain further information. At the scene I observed the accident vehicles still in their final rest positions. After taking some measurements at the scene I requested that both vehicles be transported to [REDACTED] in [REDACTED] MO and secured there. I advised Chief [REDACTED] that I would complete a reconstruction report as a supplement to [REDACTED] P.D.'s original accident report and investigation report(s).
3. On [REDACTED] 1996 I returned to the scene, and with the assistance of officer [REDACTED] we completed our on-site investigation. Photographs of the scene and the vehicles were obtained at this time.
4. At the time of the accident, it was clear, dry and the temperature was in the low 80's. It was dark, with some artificial light in the area. No adverse weather conditions contributed to the accident.
5. [REDACTED] is an east-west state maintained highway. In the area of the accident, [REDACTED] is straight, with a slight, 1.5% upgrade to the east. The roadway is constructed of an asphalt material. The roadway is an undivided two-lane, bordered by an approximate one and one-half foot asphalt material shoulder on each side. There is also an approximate two-

██████████, 1996
Accident Reconstruction ██████████

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and-one-half foot gravel shoulder outside of that, also on each side of the roadway. ██████████ travels through a residential area at the scene of the accident.

6. Vehicle #1 is a blue 1976 Ford, full-size Econoline van, VIN#E25HHG ██████████ bearing MO License ██████████. Driver and owner of Vehicle #1 was ██████████, DOB ██████████ of ██████████, MO. Vehicle #1 contained no passengers. Driver #1 was transported to the ██████████ by ██████████ County Ambulance. Vehicle #1 was westbound before the accident.

7. Vehicle #2 is a green 1995 Dodge Caravan, van, VIN#2B4GH4531SR ██████████, bearing MO License ██████████. Driver and owner of Vehicle #1 was ██████████, DOB ██████████ of ██████████, MO. Vehicle #2 contained four passengers: (same addresses)

- 1) ██████████ DOB ██████████, seat location right front.
- 2) ██████████ DOB ██████████, seat location right front also (██████████).
- 3) ██████████ DOB ██████████, seat location second right.
- 4) ██████████ DOB ██████████, seat location second left.

All occupants were transported by the ██████████ County Ambulance, where they received treatment for their injuries. ██████████ was pronounced dead at ██████████ as a result of injuries sustained in the accident. Vehicle #2 was eastbound before the accident.

8. Investigation at the scene indicated that westbound Vehicle #1 was travelling at or near the center of the roadway. Vehicle #1 was reportedly travelling without its headlamps operating and attempted to make a left turn onto southbound ██████████ Road. Vehicle #1's attempted turn was made directly into the path of eastbound Vehicle #2. Vehicle #2's right front tire made an 11 foot 6 inch skidmark prior to impact. Both vehicles front tires made faint scuff marks from the approximate area of impact to final rest. Both vehicles stayed in contact from impact to final rest, and both came to rest, mostly on the roadway. From the positions of the vehicles, it was also apparent that had Vehicle #1 completed its left turn, it would have been travelling southbound in the northbound lane of ██████████ Road.

9. A reference point was located along the south edge of ██████████, perpendicular to a utility pole located south of ██████████, and 1 foot 4 inches west of the east end of the point where Northbound ██████████ Road's asphalt apron intersects ██████████. A nail was driven into the asphalt and left at the spot.

██████████, 1996
Accident Reconstruction ██████████

-4

$$S = \sqrt{262.20}$$

$$S = 16.1925909 \text{ MPH}$$

Both of these speeds may be slightly lower than the actual pre-skid speed of Vehicle #2, as speed loss at impact is not accounted for. In any event the speed of Vehicle #2 appears low enough to be safe for the prevailing conditions. This indicates that Vehicle #1's left turn was sudden and unexpected, leaving Vehicle #2 little time to react and slow down. Vehicle #1 made no skids prior to impact.

12. Vehicle #1 was reportedly operating without using any lights, headlamps or turn signals. The bulbs were seized by ██████████ P.D. for examination.

13. Vehicle #2 was equipped with dual airbags, driver and passenger side. Both airbags deployed in the crash. Driver #2 was unsure of seat belt use when asked by officer ██████████. Passengers ██████████ and ██████████ were reported by Driver #2 to both be occupying the right front seat position. Vehicle #2 was equipped with front bucket seats, with one lap/shoulder safety belt combination for each seat. It appears that at impact, ██████████ was not restrained at the time of the crash. It also appears that at impact, ██████████ was propelled into the windshield, with the airbag then deploying, forcing ██████████ further into the windshield. The entire windshield sustained damage. In the upper passenger area of the windshield, I located an indentation, which appeared to have been made by contact with the head of ██████████. The indentation contained an approximate 6 inch long split. In the split area I found several human hairs. I also located several more hairs on the inside of the passenger side door glass, and the "A" pillar area.

14. It is my opinion that this accident occurred due to the following violations committed by Driver #1:

- 1) Driver #1 was apparently under the influence of intoxicants.
- 2) Vehicle #1 was being operated without its head lamps on.
- 3) Driver #1 failed to signal his intention to turn left.
- 4) Vehicle #1 was being operated near the center of the roadway.
- 5) Driver #1 failed to yield to oncoming Vehicle #2.
- 6) Driver #1 failed to make his left turn into the proper lane of ██████████ Road.

██████████ 1996
Accident Reconstruction ██████████

-3

10. Using my drag tire, a coefficient of friction was determined to be:

$f = .76$ for east bound ██████████

11. Vehicle #2 left only one skidmark prior to impact, from its right front tire. Using the minimum speed formula:

$$S = \sqrt{30 \times D \times f}, \text{ where}$$

30 = Mathematical constant

D = 11' 6" Skid distance

$f = .76$

N = .35, adjustment for braking efficiency, (front wheel drive vehicle, 70% braking from front axle, 30% from rear axle)

[One front wheel skid]

$$S = \sqrt{30 \times D \times f \times N}$$

$$S = \sqrt{30 \times 11.5 \times .76 \times .35}$$

$$S = \sqrt{91.77}$$

$$S = 9.579665965 \text{ MPH}$$

However, the skidmark was straight, indicating braking action on all four wheels. Vehicle #2's speed may have been slightly higher at the beginning of the skid. Using 100% braking efficiency, the minimum speed formula indicates the following:

$$S = \sqrt{30 \times D \times f}$$

$$S = \sqrt{30 \times 11.5 \times .76}$$

[REDACTED], 1996
Accident Reconstruction - [REDACTED]

-5

It is my opinion this this accident was the result of numerous violations committed by Driver #1.

[REDACTED]
Corporal [REDACTED]
Accident Reconstructionist, [REDACTED]

DCS:11

[REDACTED]
Corporal [REDACTED]
Reviewing officer and
Accident Reconstructionist, [REDACTED]

ACCIDENT COLLISION MEASUREMENT TABLE



U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT COLLISION MEASUREMENT TABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 10

Case Number—Stratum 96 19

ACCIDENT COLLISION DIAGRAM

Document the physical plant:

- all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.)
- all traffic controls (e.g., signs/signals, etc.)
- north arrow placed on diagram
- roadway surface type and condition of applicable roadways
- grade measurements for all applicable roadways and at location of rollover initiation
- roadway curvature (include measurement of precrash superelevation for each vehicle if applicable)

Document vehicle dynamics including:

- reference point and reference line relative to physical features present at the scene
- scaled documentation of all accident induced physical evidence
- scaled documentation of all roadside objects contacted
- scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either:
 - a) physical evidence, or
 - b) reconstructed accident dynamics

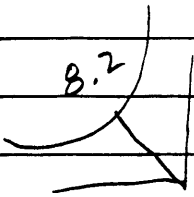
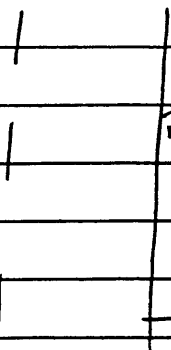
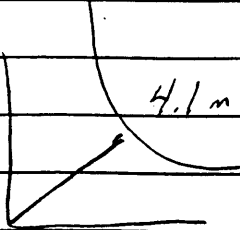
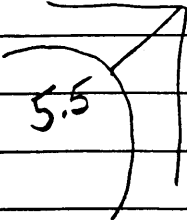
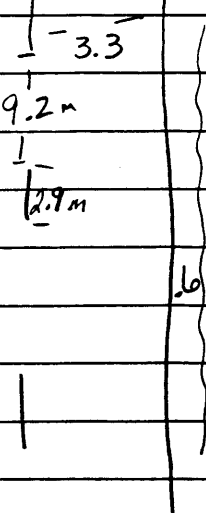
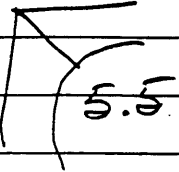
CRASH DATA

	VEH. #1	VEH. #2	VEH. #3
Heading Angle	—	—	—
Surface Type	<u>B.T</u>	<u>B.T</u>	—
Surface Condition	<u>DRY</u>	<u>DRY</u>	—
Coefficient of Friction	—	—	—
Grade (v/h) Measurement (between impact and final rest)	<u>1.7</u>	<u>1.7</u>	—
Grade (v/h) Measurement (at location of rollover initiation)	—	—	—
Grade (v/h) Measurement (at pre-crash location)	—	—	—

Reference Point: utility Pole @
SE CORNER

Reference line: South edge of
[REDACTED]

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
RP	4.9 m from [REDACTED]	7.5 m from [REDACTED]
V ₂ FRP LF	.7 w	2 N
" " RR	2.1 w	3.5 N
" " LF	3.2 w	.3 s
V ₂ FRP RF	4.6 w	1.2 N
V ₁ FRP LF	5.1 w	1.2 N
" " RF	5.3 w	.6 s
V ₁ FRP LR	8. w	1.5 N

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
		
		

NASS CDS ACCIDENT FORM



ACCIDENT FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted

4. Date of Accident
(Month, Day, Year)

5. Time of Accident

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use

7. SS16 Pedestrian Crash Data Study
(Data for this special study available
in a separate file.)

8. SS17 Impact Fires

9. SS18 Unsafe Driver Actions

10. SS19 Run Off Road

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. 0 1	13. 01	14. 20	15. F	16. 02	17. 21	18. F
19. 0 2	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. 0 3	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. 0 4	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. 0 5	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- | | |
|--|--|
| (00) Not a motor vehicle
(01) Subcompact/mini (wheelbase < 254 cm)
(02) Compact (wheelbase ≥ 254 but < 265 cm)
(03) Intermediate (wheelbase ≥ 265 but < 278 cm)
(04) Full size (wheelbase ≥ 278 but < 291 cm)
(05) Largest (wheelbase ≥ 291 cm)
(09) Unknown passenger car size
(14) Compact utility vehicle
(15) Large utility vehicle (≤ 4,536 kgs GVWR)
(16) Utility station wagon (≤ 4,536 kgs GVWR)
(19) Unknown utility type
(20) Minivan (≤ 4,536 kgs GVWR)
(21) Large van (≤ 4,536 kgs GVWR)
(24) Van Based school bus (≤ 4,536 kgs GVWR)
(28) Other van type (≤ 4,536 kgs GVWR)
(29) Unknown van type (≤ 4,536 kgs GVWR)
(30) Compact pickup truck (≤ 4,536 kgs GVWR) | (31) Large pickup truck (≤ 4,536 kgs GVWR)
(38) Other pickup truck (≤ 4,536 kgs GVWR)
(39) Unknown pickup truck type (≤ 4,536 kgs GVWR)
(45) Other light truck (≤ 4,536 kgs GVWR)
(48) Unknown light truck type (≤ 4,536 kgs GVWR)
(49) Unknown light vehicle type
(50) School bus (excludes van based) (> 4,536 kgs GVWR)
(58) Other bus (> 4,536 kgs GVWR)
(59) Unknown bus type
(60) Truck (> 4,536 kgs GVWR)
(67) Tractor without trailer
(68) Tractor-trailer(s)
(78) Unknown medium/heavy truck type
(79) Unknown light/medium/heavy truck type
(80) Motored cycle
(90) Other vehicle
(99) Unknown |
|--|--|

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|--|--|---|---|
| CDS APPLICABLE
AND OTHER
VEHICLES | (O) Not a motor vehicle
(N) Noncollision
(F) Front | (R) Right side
(L) Left side
(B) Back | (T) Top
(U) Undercarriage
(9) Unknown |
|--|--|---|---|
-
- | | | | |
|--|--|--|---|
| TDC
APPLICABLE
VEHICLES | (O) Not a motor vehicle
(N) Noncollision
(F) Front
(R) Right side | (L) Left side
(B) Back of unit with cargo area
(rear of trailer or straight truck)
(D) Back (rear of tractor) | (C) Rear of cab
(V) Front of cargo area
(T) Top
(U) Undercarriage
(9) Unknown |
|--|--|--|---|

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|--|---|
| (01-30) — Vehicle Number

Noncollision
(31) Overturn — rollover (excludes end-over-end)
(32) Rollover — end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify): _____

(36) Noncollision injury
(38) Other noncollision (specify): _____

(39) Noncollision — details unknown

Collision With Fixed Object
(41) Tree (≤ 10 cm in diameter)
(42) Tree (> 10 cm in diameter)
(43) Shrubbery or bush
(44) Embankment
(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post
(50) Pole or post (≤ 10 cm in diameter)
(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
(52) Pole or post (> 30 cm in diameter)
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier
(55) Impact attenuator
(56) Other traffic barrier (includes guardrail)
(specify): _____ | (57) Fence
(58) Wall
(59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge
(68) Other fixed object (specify): _____

(69) Unknown fixed object

Collision with Nonfixed Object
(70) Passenger car, light truck, van, or other vehicle
not in-transport
(71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant
(76) Animal
(77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify): _____

(89) Unknown nonfixed object

(98) Other event (specify): _____

(99) Unknown event or object |
|--|---|

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9619
3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 95
Code the last two digits of the model year
(99) Unknown
5. Vehicle Make (specify): DODGE 07
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
6. Vehicle Model (specify): 442 CARAVAN
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
7. Body Type 20
Note: Applicable codes may be found on
the back of this page.
8. Vehicle Identification Number 2B4GH4531SR
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines
9. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
11. Police Reported Travel Speed 999
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown
____ mph X 1.6093 = ____ kmph

12. Speed Limit 056
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown
35 mph X 1.6093 = 56.3 kmph
13. Police Reported Alcohol Presence For Driver 0
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown
14. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown
Source: PAIR
15. Police Reported Other Drug Presence For Driver 0
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown
16. Other Drug Specimen Test Result For Driver 0
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given
17. Driver's Zip Code [REDACTED]
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown
18. Driver's Race/Ethnic Origin 1
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify): _____
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

BEST AVAILABLE COPY

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow 0
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 2
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1 $+1.7^\circ$
 (1) Level
 (2) Uphill grade (>2%)
 (3) Hill crest
 (4) Downhill grade (>2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 3

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 0

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 0

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA**30. Driver's Distraction/Inattention To Driving**
(Prior To Recognition Of Critical Event)

- (00) No driver present
(01) Attentive or not distracted
(02) Looked but did not see

Distractions

(03) By other occupant(s), (specify): _____

(04) By moving object in vehicle (specify): _____

(05) While talking or listening to cellular phone (specify location and type of phone): _____

(06) While dialing cellular phone (specify location and type of phone): _____

(07) While adjusting climate controls

(08) While adjusting radio, cassette, CD (specify): _____

(09) While using other device/controls integral to vehicle (specify): _____

(10) While using or reaching for device/object brought into vehicle (specify): _____

(11) Sleepy or fell asleep

(12) Distracted by outside person, object, or event (specify): _____

(13) Eating or drinking

(14) Smoking related

(97) Distracted/inattentive, details unknown

(98) Other, distraction (specify): _____

(99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event)

- (00) No driver present
(01) Going straight
(02) Decelerating in traffic lane
(03) Accelerating in traffic lane
(04) Starting in traffic lane
(05) Stopped in traffic lane
(06) Passing or overtaking another vehicle
(07) Disabled or parked in travel lane
(08) Leaving a parking position
(09) Entering a parking position
(10) Turning right
(11) Turning left
(12) Making a U-turn
(13) Backing up (other than for parking position)
(14) Negotiating a curve
(15) Changing lanes
(16) Merging
(17) Successful avoidance maneuver to a previous critical event
(97) Other (specify): _____
(99) Unknown

32. Critical Precrash Event**THIS VEHICLE LOSS OF CONTROL DUE TO:**

- (01) Blow out or flat tire
(02) Stalled engine
(03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
(04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
(05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
(06) Traveling too fast for conditions
(08) Other cause of control loss (specify): _____

(09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
(11) Over the lane line on right side of travel lane
(12) Off the edge of the road on the left side
(13) Off the edge of the road on the right side
(14) End departure
(15) Turning left at intersection
(16) Turning right at intersection
(17) Crossing over (passing through) intersection
(18) This vehicle decelerating
(19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
(51) Traveling in same direction with lower steady speed
(52) Traveling in same direction while decelerating
(53) Traveling in same direction with higher speed
(54) Traveling in opposite direction
(55) In crossover
(56) Backing
(59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
(61) From adjacent lane (same direction)—over right lane line
(62) From opposite direction—over left lane line
(63) From opposite direction—over right lane line
(64) From parking lane
(65) From crossing street, turning into same direction
(66) From crossing street, across path
(67) From crossing street, turning into opposite direction
(68) From crossing street, intended path not known
(70) From driveway, turning into same direction
(71) From driveway, across path
(72) From driveway, turning into opposite direction
(73) From driveway, intended path not known
(74) From entrance to limited access highway
(78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
(81) Pedestrian approaching roadway
(82) Pedestrian—unknown location
(83) Pedalcyclist or other nonmotorist in roadway (specify): _____
(84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
(85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
(88) Animal approaching roadway
(89) Animal—unknown location
(90) Object in roadway
(91) Object approaching roadway
(92) Object—unknown location
(98) Other critical precrash event (specify): _____
(99) Unknown

33. Attempted Avoidance Maneuver 03

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

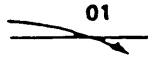
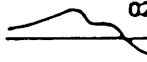
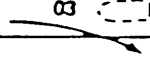
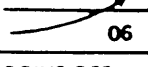
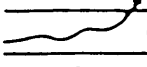
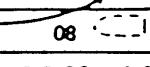
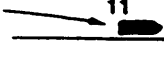

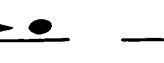
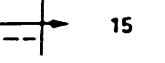
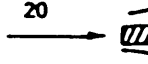
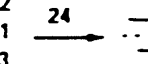
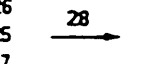
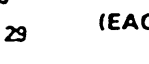



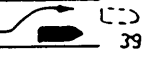
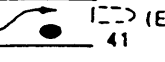


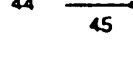
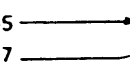
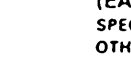

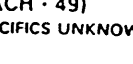


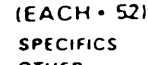
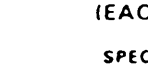


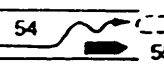
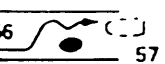
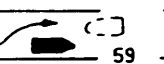
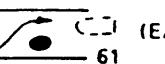



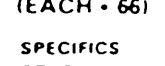
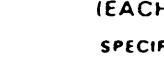



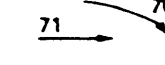
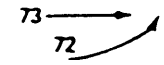

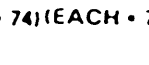
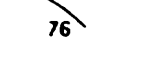

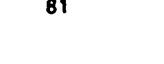
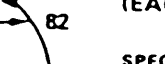
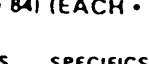
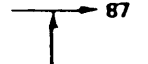
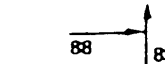
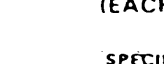


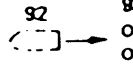

36. Accident Type 69

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH. PED. ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH. PED. ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 26, 28, 27	 24 DECEL 29, 30, 31	 26 SPECIFICS OTHER	 28 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	 42 SPECIFICS OTHER  43 SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 SPECIFICS OTHER	 45 SPECIFICS OTHER	 46 SPECIFICS OTHER	 47 SPECIFICS OTHER	 48 SPECIFICS OTHER  49 SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head On	 50 LATERAL MOVE	 51 SPECIFICS OTHER	 52 SPECIFICS UNKNOWN	 53 SPECIFICS UNKNOWN	 54 SPECIFICS UNKNOWN
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	 62 SPECIFICS OTHER  63 SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 SPECIFICS OTHER	 66 SPECIFICS UNKNOWN	 67 SPECIFICS UNKNOWN	 68 SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 SPECIFICS OTHER	 74 SPECIFICS UNKNOWN	 75 SPECIFICS UNKNOWN
	K Turn Into Path	 76 TURN INTO SAME DIRECTION	 78 TURN INTO SAME DIRECTION	 80 TURN INTO OPPOSITE DIRECTIONS	 81 TURN INTO OPPOSITE DIRECTIONS	 82 TURN INTO OPPOSITE DIRECTIONS
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 SPECIFICS OTHER	 88 SPECIFICS OTHER	 89 SPECIFICS OTHER	 90 SPECIFICS UNKNOWN	 91 SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact		

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

Page 5

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 05
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 05

AIR BAG RELATED

40. Is this an AOPS Vehicle? 1
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 6
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1.470
 Code weight to nearest 10 kilograms
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
3234 lbs X .4536 = 1467 kgs

Source: _____

44. Vehicle Cargo Weight 000
 Code weight to nearest 10 kilograms
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
10 lbs X .4536 = 4.53 kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 452. Rear Override/Underride (this Vehicle) 0

- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override (of any configuration)

(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

(996) Non-horizontal impact

(997) Noncollision

(998) Impact with object

(999) Unknown

53. Heading Angle For This Vehicle 0 7 554. Heading Angle For Other Vehicle 2 2 5**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0

- (0) No
(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted < 45 degrees
(4) Tilted ≥ 45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 01

- (00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program-damage only routine
(02) Reconstruction program-damage and trajectory routine
(03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
(06) Other non-horizontal forces
(07) Sideswipe type damage
(08) Severe override
(09) Yielding object
(10) Overlapping damage
(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

(98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY59. Total Delta V Highest02727 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest+026-26 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: _000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

61. Lateral Component of Delta V

Highest+005+5 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: _000 means greater than -0.5 kmph and
 less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

62. Energy Absorption

Highest047.50047,519 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed Highest998 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

(0) No reconstruction

(1) Collision fits model — results appear reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE65. Barrier Equivalent Speed Highest02626.3 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means
 less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

ESTIMATED DELTA V66. Estimated Highest Delta V (Researcher Determined) 0

(0) Reconstruction Delta V coded

Estimated Delta V

- (1) Less than 10 kmph
- (2) ≥ 10 kmph but < 25 kmph
- (3) ≥ 25 kmph but < 40 kmph
- (4) ≥ 40 kmph but < 55 kmph
- (5) ≥ 55 kmph

Other estimates of damage severity

- (6) Minor
- (7) Moderate
- (8) Severe
- (9) Unknown

INSPECTION TYPE67. Type of Vehicle Inspection 3

- (0) No inspection
- (1) Vehicle fully repaired-no damage evident
- (2) Partial inspection (specify): _____
- (3) Complete inspection

DELTA V EVENT NUMBER68. Delta V Event Number 1

_____ Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle

(99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1 Primary Sampling Unit Number

10

3. Vehicle Number

01

2 Case Number - Stratum

9619

VEHICLE IDENTIFICATION

VIN 2B4GH4531SR

Model Year 95

Vehicle Make (specify)

DODGE

Vehicle Model (specify)

CARAVAN SE

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	43cm @ of center	across front bumper	C-1

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines columns as necessary to describe each damage profile

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
01	Front Bumper	116cm	26	137.5	26cm	13	7	3	0	6	-15
	FREE SPACE		10		10	4	1	1	4	10	
	FINAL ADJ				16	9	6	2	0	0	
01	above Bumper	116	58 1/2	137.5	58 1/2	65	49	35	27	17	
	FREE SPACE		18		18	18	18	18	18	18	
	FINAL ADJ		40 1/2		40 1/2	47	31	17	9	0	
	AVG	116			28.3	28	18.5	9.5	0	0	-15

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>112.3</u>	inches	x 2.54	=	<u>285.2</u>	cm
Overall Length	<u>178.1</u>	inches	x 2.54	=	<u>452.4</u>	cm
Maximum Width	<u>72.0</u>	inches	x 2.54	=	<u>182.9</u>	cm
Curb Weight	<u>3,234</u>	pounds	x 0.4536	=	<u>1,466.9</u>	kg
Average Track	<u>61.0</u>	inches	x 2.54	=	<u>155</u>	cm
Front Overhang	<u>33.9</u>	inches	x 2.54	=	<u>86</u>	cm
Rear Overhang	<u>32.3</u>	inches	x 2.54	=	<u>82</u>	cm
Undeformed End Width	<u>60.6</u>	inches	x 2.54	=	<u>154</u>	cm
Engine Size: cyl/displ.	<u>2972</u>	cc	x 0.001	=	<u>3.0</u>	L
V-6 3.0L	<u>181.4</u>	CID	x 0.0164	=	<u>3.0</u>	L

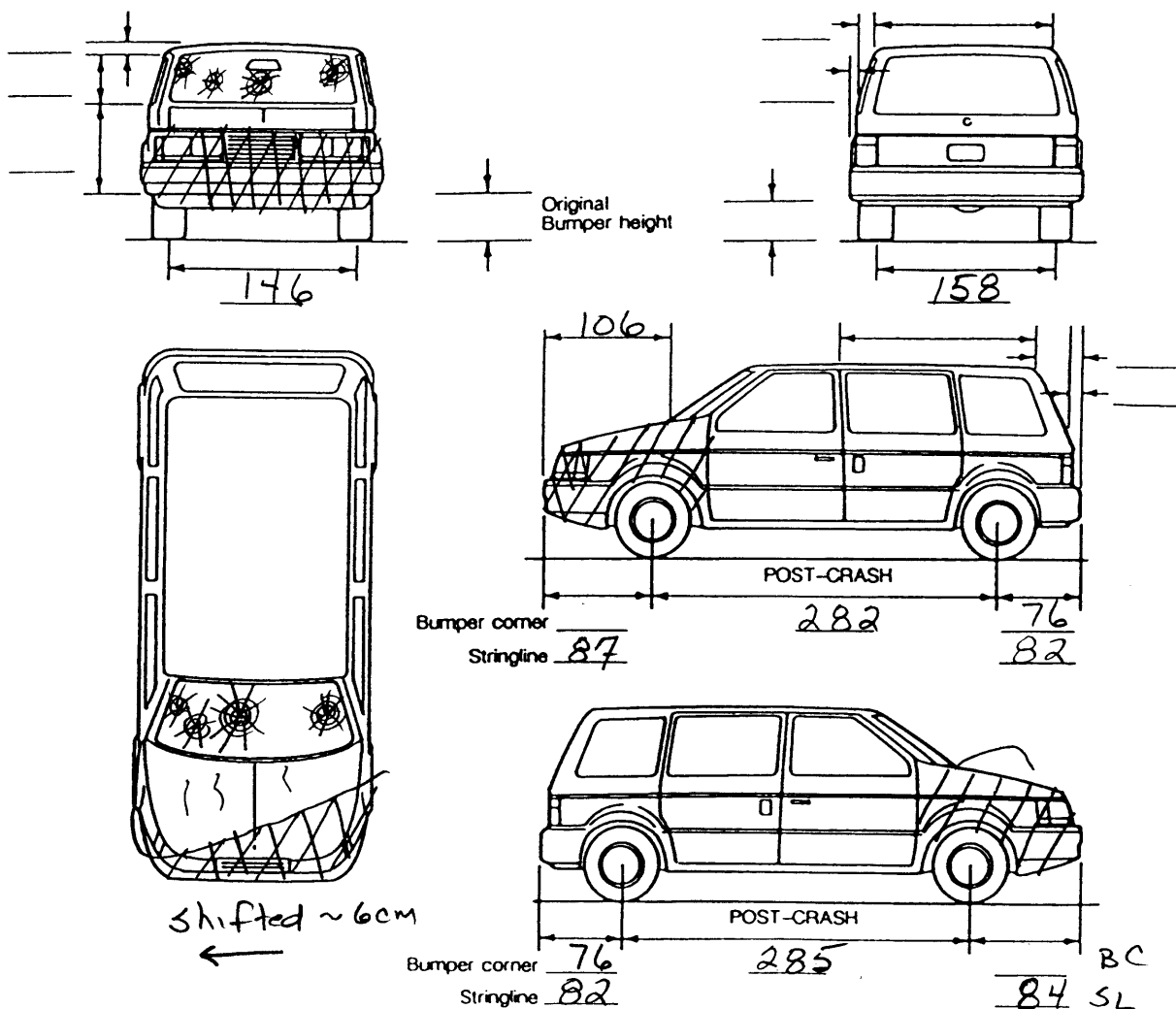
Shipping Weight 3,134
100
3,234

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}	Color: {specify} <u>DK GREEN</u>	Repair Cost: \$
Transmission: {circle} <u>Automatic</u> Manual	Speed: 3-speed <u>4-speed</u> 5-speed Other:	
Steering: {circle} <u>Power-assisted</u> Manual	Type: <u>rack-and-pinion</u> worm-and-gear Other	
(please describe):		
Brakes: {circle} <u>Power-assisted</u> Manual	Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic front disc, rear drum Other:	
Observed Defects: {specify}		
Fleet Type: {circle} <u>Private vehicle</u> Rental vehicle Leased vehicle Commercial vehicle Other		
(please describe):		

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>1</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u>		ORIGINAL SPECIFICATIONS Wheelbase <u>285</u> cm Overall Length <u>452</u> cm Maximum Width <u>183</u> cm Curb Weight <u>1467</u> kg Average Track <u>155</u> cm Front Overhang <u>86</u> cm Rear Overhang <u>82</u> cm Undeformed End Width <u>154</u> cm Engine Size: cyl./displ. <u>V-6 3.0</u> L		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm _____ ° LF \pm _____ ° RR \pm _____ ° LR \pm _____ ° Within \pm 5 degrees	
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input type="checkbox"/> Automatic END SHIFT \geq 10 CM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		Approximate Cargo Weight _____ kg	

MEASUREMENTS IN CENTIMETERS

NOTES Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

BOOK-TRUCK SECTION

Dodge Div., Chrysler Corp., ~~Dodge Div., Chrysler Corp.~~

Type of Body Pass. Cap.	Model	Dimensions Inches				Ship. Wt.	Tax H.P.	Max GVW	Ins wgt class	List Price
		W.B.	Lt.	Wt.	Ht.					
Auto. Trans. 3-speed; EPA Mileage Estimate 20/24										
MiniVan Commercial w/22B	ASKE12	112.3"	178.1"	72.0"	66.0"	3134	18.93	5190	L	16,145
MiniVan Commercial w/22Z	ASKE12	112.3"	178.1"	72.0"	66.0"	3134	18.93	5190	L	17,060
1995 Caravan C/V V6 cyl 3.0 liter SOHC SMPFI Gas Engine(EFA)(12 valve)										
Bore & Stroke 3.59"x2.99"; Tax H.P. 30.93; SAE H.P. 142@5000; Torque 173@2400; 181.4 cu.in., 2972 cc										
Auto. Trans. 3-speed; EPA Mileage Estimate 19/23										
MiniVan Commercial w/24B	ASKE12	112.3"	178.1"	72.0"	66.0"	3134	30.93	5190	L	16,915
MiniVan Commercial w/24Z	ASKE12	112.3"	178.1"	72.0"	66.0"	3134	30.93	5190	L	17,830
MiniVan Conversion w/24C	ASKE12	112.3"	178.1"	72.0"	66.0"	3134	30.93	5190	L	17,920
1995 Caravan C/V V6 cyl 3.3 liter OHV SMPI Gas Engine(EGA)(12valve)										
Bore & Stroke 3.66"x3.19"; Tax H.P. 32.15; SAE H.P. 162@4800; Torque 194@3600; 201.5 cu.in., 3300 cc										
Auto. Trans. 4-speed; EPA Mileage 18/23										
MiniVan Commercial w/28B	ASKE12	119.3"	192.8"	72.0"	66.7"	3393	32.15	5420	L	17,685
MiniVan Commercial w/28Z	ASKE13	119.3"	192.8"	72.0"	66.7"	3393	32.15	5420	L	18,600
MiniVan Conversion w/28C	ASKE13	119.3"	192.8"	72.0"	66.7"	3393	32.15	5420	L	18,590
1995 Caravan C/V V6 cyl 3.3 liter OHV SMPI Compress Natural Gas Engine(EGP)(12valve)										
Bore & Stroke 3.66"x3.19"; Tax H.P. 32.15; SAE H.P. 135@5000; Torque 156@3900; 201.5 cu.in., 3300 cc										
Auto. Trans. 4-speed; EPA Mileage 17/21										
MiniVan Commercial w/27B	ASKE12	112.3"	178.1"	72.0"	66.0"	3134	32.15	5190	L	22,205
MiniVan Commercial w/27Z	ASKE12	112.3"	178.1"	72.0"	66.0"	3134	32.15	5190	L	23,120
MiniVan Conversion w/27C	ASKE12	112.3"	178.1"	72.0"	66.0"	3134	32.15	5190	L	23,210
Options Caravan) Destination Charges-\$560; V6 cyl 3.0 liter SOHC SMPFI Gas Engine(EFA)-\$770; V6 cyl 3.3 liter OHV SMPI Compress Natural Gas Engine(EGP)-\$875; Auto. Trans. 4-speed(DGB)-\$200; Option Pkg Commercial 112"WB (22B)-std (24B)-\$770 (27B)-\$1075 (22Z)-\$915 (24Z)-\$1685 (27Z)-\$1990 Conversion 112"WB (24C)-\$1775 (27C)-\$2080 (28C)-\$955 (28D)-\$1970 Commercial 119"WB (28B)-std (28Z)-\$915 Conversion 119"WB (28C)-\$905; Air Conditioning-\$860; Anti-Lock Brakes-\$600; Convenience Group (Deluxe)-\$375; Electric Rear Window Defroster-\$170; Power Door Locks-\$265; Emission (Calif & Mass)-\$105; Glass Sunscreen (Commercial)-\$260 (Conversion)-\$415; Radio AM/FM Stereo w/cassette-\$220; Glass Sliding Cargo Door w/glass-\$120 (Conversion)-std										
1995 Dakota Pickup 4 cyl 2.5 liter SOHC TBEFI Gas Engine(8 valve)										
Bore & Stroke 3.44"x4.09"; Tax H.P. 18.93; SAE H.P. 99@4500; Torque 132@2800; 153.0 cu.in., 2500 cc										
Man. Trans. 5-speed; EPA Mileage 23/27										
Reg Cab RWD 6.5' WS w/21W	AN1L61	111.9"	189.0"	69.4"	65.0"	3151	18.93	4300	L	10,286
Reg Cab RWD 6.5' Sport w/21B	AN1L61	111.9"	189.0"	69.4"	65.0"	3151	18.93	4300	L	10,994
Reg Cab RWD 6.5' Base w/21C	AN1L61	111.9"	189.0"	69.4"	65.0"	3151	18.93	4300	L	12,215
1995 Dakota Pickup V6 cyl 3.9 liter OHV SMPI Gas Engine(12 valve)										
Bore & Stroke 3.91"x3.31"; Tax H.P. 36.69; SAE H.P. 175@4800; Torque 225@3200; 239.0 cu.in., 3906 cc										
Man. Trans. 5-speed; EPA Mileage RWD 17/22 4WD 16/20										
Reg Cab RWD 6.5' WS w/23W	AN1L61	111.9"	189.0"	69.4"	65.0"	3242	36.69	4300	L	10,995
Reg Cab RWD 6.5' Sport w/23B	AN1L61	111.9"	189.0"	69.4"	65.0"	3242	36.69	4300	L	11,651
Reg Cab RWD 6.5' SLT w/23E	AN1L61	111.9"	189.0"	69.4"	65.0"	3242	36.69	4300	L	13,799
Reg Cab RWD 8' WS w/23W	AN1L62	123.9"	207.5"	69.4"	65.0"	3431	36.69	4680	L	11,602
Reg Cab RWD 8' Base w/23C	AN1L62	123.9"	207.5"	69.4"	65.0"	3431	36.69	4680	L	13,426
Reg Cab RWD 8' SLT w/23E	AN1L62	123.9"	207.5"	69.4"	65.0"	3431	36.69	4680	L	14,353
Reg Cab 4WD 6.5' WS w/23W	AN5L61	111.9"	189.0"	69.4"	67.3"	3688	36.69	5410	L	15,325
Reg Cab 4WD 6.5' Sport w/23B	AN5L61	111.9"	189.0"	69.4"	67.3"	3688	36.69	5410	L	16,009
Reg Cab 4WD 6.5' Base w/23C	AN5L61	111.9"	189.0"	69.4"	67.3"	3688	36.69	5410	L	16,850
Reg Cab 4WD 6.5' SLT w/23E	AN5L61	111.9"	189.0"	69.4"	67.3"	3688	36.69	5410	L	17,961
Reg Cab 4WD 8' WS w/23W	AN5L62	123.9"	207.5"	69.4"	67.3"	3746	36.69	5195	L	16,034
Reg Cab 4WD 8' Base w/23C	AN5L62	123.9"	207.5"	69.4"	67.3"	3746	36.69	5195	L	17,464
Reg Cab 4WD 8' SLT w/23E	AN5L62	123.9"	207.5"	69.4"	67.3"	3746	36.69	5195	L	18,514
Club Cab RWD Sport 6.5' w/23BAN1L31		130.9"	208.0"	69.4"	65.6"	3586	36.69	5035	L	14,227
Club Cab RWD 6.5' Base w/23CAN1L31		130.9"	208.0"	69.4"	65.6"	3586	36.69	5035	L	15,511
Club Cab RWD 6.5' SLT w/23F	AN1L31	130.9"	208.0"	69.4"	65.6"	3586	36.69	5035	L	15,678
Club Cab 4WD 6.5' Sport w/23BAN5L31		130.9"	208.0"	69.4"	68.5"	3955	36.69	5405	L	18,092
Club Cab 4WD 6.5' Base w/23CAN5L31		130.9"	208.0"	69.4"	68.5"	3955	36.69	5405	L	19,050
Club Cab 4WD 6.5' SLT w/23F	AN5L31	130.9"	208.0"	69.4"	68.5"	3955	36.69	5405	L	19,379
Ch Cab RWD		123.9"				3130	36.69	5000	L	
Ch Cab RWD		123.9"				3160	36.69	5750	L	
Auto. Trans. 4-speed; EPA Mileage 16/20 4WD 16/19										
Reg Cab RWD 6.5' WS w/24W	AN1L61	111.9"	189.0"	69.4"	65.0"	3242	36.69	4300	L	11,892
Reg Cab RWD 6.5' Sport w/24BAN1L61		111.9"	189.0"	69.4"	65.0"	3242	36.69	4300	L	12,548
Reg Cab RWD 6.5' SLT w/24E	AN1L61	111.9"	189.0"	69.4"	65.0"	3242	36.69	4300	L	14,696
Reg Cab RWD 8' WS w/24W	AN1L62	123.9"	207.5"	69.4"	65.0"	3431	36.69	4680	L	12,499
Reg Cab RWD 8' Base w/24C	AN1L62	123.9"	207.5"	69.4"	65.0"	3431	36.69	4680	L	14,323

(01-30) — Vehicle Number

(31) Overturn — rollover (excludes end-over-end)
(32) Rollover—end-over-end
(33) Fire or explosion
(34) Jackknife
(35) Other intraunit damage (specify):

(36) Noncollision injury

(38) Other noncollision (specify):

(39) Noncollision – details unknown

Collision With Fixed Object

(41) Tree (≤ 10 cm in diameter)

(42) Tree (> 10 cm in diameter)

(43) Shrubbery or bush

(44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

(50) Pole or post (≤ 10 cm in diameter)

(51) Pole or post (> 10 cm but ≤ 30 cm in diameter)

(52) Pole or post (> 30 cm in diameter)

(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier

(55) Impact attenuator

(56) Other traffic barrier (includes guardrail)
(specify):

(57) Fence

(58) Wall

(59) Building

(60) Ditch or culvert

(61) Ground

(62) Fire hydrant

(63) Curb

(64) **Bridge**

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

(70) Passenger car, light truck, van, or other vehicle not in-transport

(71) Medium/heavy truck or bus not in-transport

(72) **Pedestrian**

(73) Cyclist or cycle

(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

(77) Train

(78) Trailer, disconnected in transport

(79) Object fell from vehicle in-transport

(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>03</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ±D
<u>154</u>	<u>028</u>	<u>028</u>	<u>019</u>	<u>010</u>	<u>000</u>	<u>000</u>	<u>+ 015</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ±D
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

154

27. Direct Damage Width

(For highest severity impact)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

116

28. Original Wheelbase

_____ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

285

29. Original Average Track Width

_____ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

155

FUEL SYSTEM

30. Are CDCs Documented but Not Coded on The Automated File? 0
 (0) No
 (1) Yes
31. Researcher's Assessment of Vehicle Disposition 1
 (0) Not towed due to vehicle damage
 (1) Towed due to vehicle damage
 (9) Unknown
32. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? 0
 (0) No post manufacturer modifications
 (1) Yes - post manufacturer modifications (specify): _____

 (Include photograph of CERTIFICATION PLACARD in case report)
 (9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence 0
 (0) No fire
 Yes, fire occurred
 (1) Minor
 (2) Major
 (9) Unknown
34. Origin of Fire 0
 (0) No fire
 (1) Vehicle exterior (front, side, back, top)
 (2) Exhaust system
 (3) Fuel tank (and other fuel retention system parts)
 (4) Engine compartment
 (5) Cargo/trunk compartment
 (6) Instrument panel
 (7) Passenger compartment area
 (8) Other location (specify): _____
 (9) Unknown

35. Location of Fuel Tank-1 Filler Cap 4
36. Location of Fuel Tank-2 Filler Cap 0
 (0) No fuel tank
 (1) On back plane
 (2) Aft of center of the rear wheels (rear axle) on left side plane
 (3) Aft of center of the rear wheels (rear axle) on right side plane
 (4) Forward of center of the rear wheels (rear axle) on left side plane
 (5) Forward of center of the rear wheels (rear axle) on right side plane
 (6) Over the center of the rear wheels (rear axle) on left side plane
 (7) Over the center of the rear wheels (rear axle) on right side plane
 (8) Other (specify): _____
 (9) Unknown
37. Type of Fuel Tank-1 1
38. Type of Fuel Tank-2 0
 (0) No fuel tank (electrical vehicle)
 (1) Metallic
 (2) Non-metallic
 (9) Unknown
39. Location of Fuel Tank-1 4
40. Location of Fuel Tank-2 0
 (0) No fuel tank
 (1) Aft of center of the rear wheels (rear axle) centered
 (2) Aft of center of the rear wheels (rear axle) left side
 (3) Aft of center of the rear wheels (rear axle) right side
 (4) Forward of center of the rear wheels (rear axle) centered
 (5) Forward of center of the rear wheels (rear axle) left side
 (6) Forward of center of the rear wheels (rear axle) right side
 (7) Over center of the rear wheels (rear axle)
 (8) Other (specify): _____
 (9) Unknown
41. Damage to Fuel Tank-1 1
42. Damage to Fuel Tank-2 0
 (0) No fuel tank
 (1) No damage to fuel tank
 (2) Deformed, no seam failure
 (3) Deformed, with a seam failure
 (4) Punctured
 (5) Lacerated (ripped)
 (6) Abraded (scraped)
 (7) Filler neck separation from the fuel tank
 (8) Other damage (specify): _____
 (9) Unknown

National Accident Sampling System-Crashworthiness Data System: Exterior Vehicle Form

Page 6

43. Leakage Location of Fuel System-1

1

44. Leakage Location of Fuel System-2

0

- (0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage

- (2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

45. Fuel Type-1

0 1

46. Fuel Type-2

0 0*Single Fuel Type*

- (00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

- (10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks

- (1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
Type of tank _____
Tank location _____
Filler cap location _____
Tank damage _____
Location of leakage _____
Type of fuel _____
(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9619

3. Vehicle Number 01

INTEGRITY

4. Passenger Compartment Integrity 00
(00) No integrity loss

Yes, Integrity Was Lost Through

- (01) Windshield
- (02) Door (side)
- (03) Door/hatch (back door)
- (04) Roof
- (05) Roof glass
- (06) Side window
- (07) Rear window (backlight)
- (08) Roof and roof glass
- (09) Windshield and door (side)
- (10) Windshield and roof
- (11) Side and rear window (side window and backlight)
- (12) Windshield and side window
- (13) Door and side window
- (98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 1 9. TG/H 1

- (0) No door/gate/hatch
- (1) Door/gate/hatch remained closed and operational
- (2) Door/gate/hatch came open during collision
- (3) Door/gate/hatch jammed shut
- (8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)
- (2) Latch/striker failure due to damage
- (3) Hinge failure due to damage
- (4) Door structure failure due to damage
- (5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage
- (6) Latch/striker and hinge failure due to damage
- (8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2
20. BL 2 21. Roof 0 22. Other 2

- (0) No glazing
- (1) AS-1 - Laminated
- (2) AS-2 - Tempered
- (3) AS-3 - Tempered-tinted (original)
- (4) AS-2 - Tempered-with after market tint
- (5) AS-3 - Tempered-tinted (with additional after market tint)
- (6) AS-14 - Glass/Plastic
- (7) Glazing removed prior to accident
- (8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 2 27. RR 2
28. BL 1 29. Roof 0 30. Other 2

- (0) No glazing
- (1) Fixed
- (2) Closed
- (3) Partially opened
- (4) Fully opened
- (7) Glazing removed prior to accident
- (9) Unknown

Glazing Damage from Impact Forces

31. WS 2 32. LF 1 33. RF 1 34. LR 1 35. RR 1
36. BL 1 37. Roof 0 38. Other 1

- (0) No glazing
- (1) No glazing damage from impact forces
- (2) Glazing in place and cracked from impact forces
- (3) Glazing in place and holed from impact forces
- (4) Glazing out-of-place (cracked or not) and not holed from impact forces
- (5) Glazing out-of-place and holed from impact forces
- (6) Glazing disintegrated from impact forces
- (7) Glazing removed prior to accident
- (9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 3 40. LF 1 41. RF 1 42. LR 1 43. RR 1
44. BL 1 45. Roof 0 46. Other 1

- (0) No glazing
- (1) No occupant contact to glazing
- (2) Glazing contacted by occupant but no glazing damage
- (3) Glazing in place and cracked by occupant contact
- (4) Glazing in place and holed by occupant contact
- (5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
- (6) Glazing out-of-place by occupant contact and holed by occupant contact
- (7) Glazing removed prior to accident
- (8) Glazing disintegrated by occupant contact
- (9) Unknown if contacted by occupant

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE — DAMAGE VALUE = DEFORMATION

—

=

No — DEFORMATION =

—

=

—

=

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT*Interior Components*

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

LOCATION OF INTRUSION**Front Seat**

- (11) Left
- (12) Middle
- (13) Right

Fourth Seat

- (41) Left
- (42) Middle
- (43) Right

Second Seat

- (21) Left
- (22) Middle
- (23) Right

- (97) Catastrophic
- (98) Other enclosed area (specify) _____

(99) Unknown

Third Seat

- (31) Left
- (32) Middle
- (33) Right

MAGNITUDE OF INTRUSION

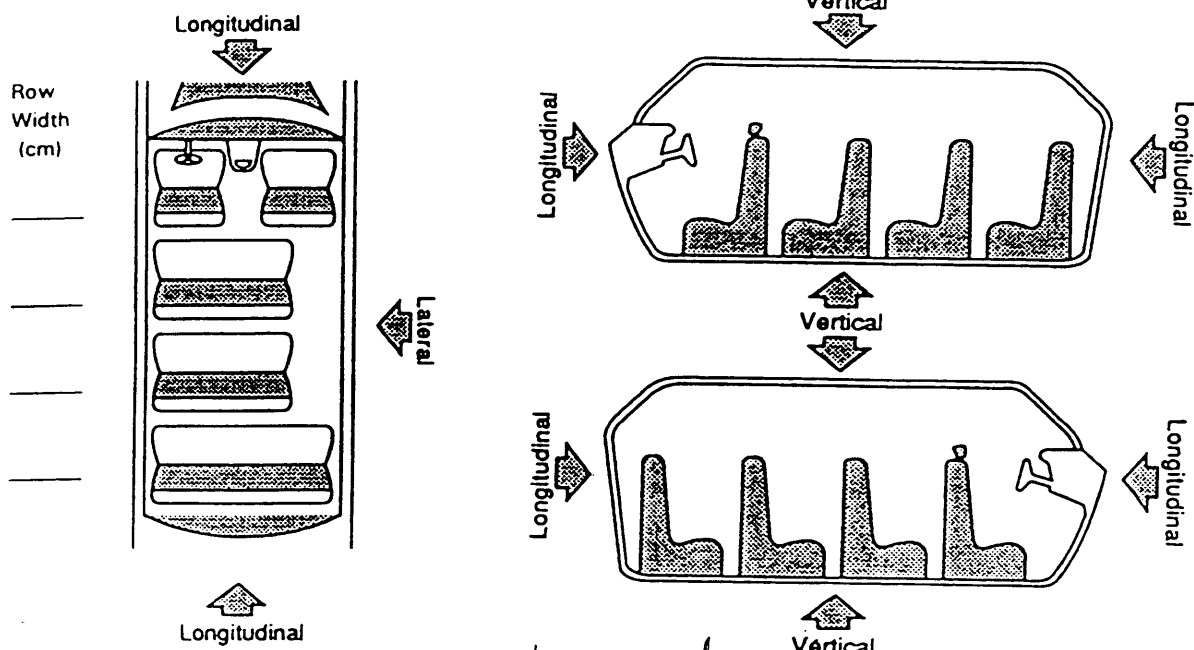
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



NONE observed.

LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

STEERING COLUMN**INSTRUMENT PANEL**

87. Steering Column Type

2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment

3

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment

0

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation

00

Code actual measured

deformation to the nearest centimeter

- (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation

00

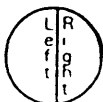
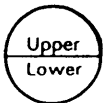
(00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading

111,000

kilometers

Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

69.152 miles X 1.6093 = 111.289 kilometersSource: ODOMETER

93. Instrument Panel Damage from Occupant Contact?

1

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering

2

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

1

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

1

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment

0

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM steering wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced diameter)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify): _____
☐ Additional or relocated switches (specify): _____
☐ Raised roof
☐ Wall-mounted head rest (used behind wheelchair)
☐ Other adaptive device (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	1	1
B-Flaps open at tear points?	2	2
C-Flaps damaged?	1	1
D-Air bag damaged?	01	01
E-Source of air bag damage	01	01
F-Air bag tethered?	1	2
G-Air bag have vent ports?	2	1
H-Other occupant contact air bag?	1	1
I-Occupant wearing eyewear?	1	1

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): 2 RF
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2 LF
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

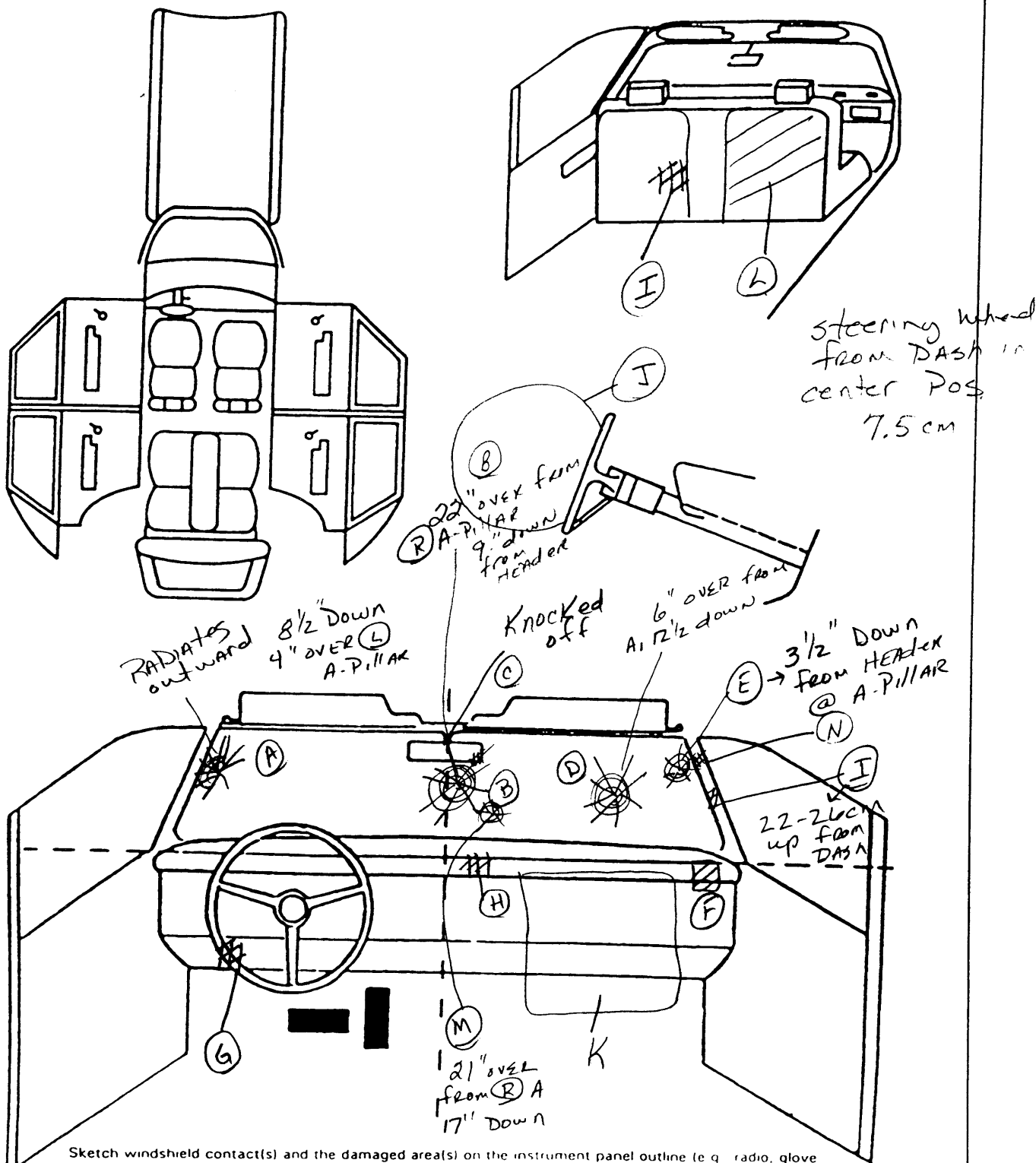
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure)
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	001	01	HEAD	SKIN spider web	1
B	001	04	HEAD	spider web HAIR	1
C	002	04	"	Knocked off Blower corner	2
D	001	02	HEAD	spider web HAIR	1
E	001	02	"	HAIR LOTSA	1
F	012	02	UNK	Pushed inward	1
G	010	01	⑥Knee	Knee contact, scuff	1
H	011	UNK		cloth transfer	1
I	103	02		BRUSH ABRASION	3
J	151	03	TORSO	Bent forward	1
K	180	02		SKIN / Blood	1
L	151	05	TORSO	Bent forward	1
M	001	UNK		SPIDER WEB	②
N	103	02	UNK	SKIN transfer	①

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object. (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify):
 (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags--Right Front	Other Air Bag
F I R S T	Availability/Function	/	/	
	Deployment	/	/	
	Failure	/	/	

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

**Air Bag System Deployment
(This Occupant Position)**

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

**Are There Indications of Air Bag
System Failure? (This Occupant Position)**

(0) Not equipped/not available

(1) No

(2) Yes (specify):

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	0	0
	B-Use	0	0
	C-Type	0	0
	D-Proper Use	0	0
	E-Failure Modes	0	0

**A-Automatic (Passive) Belt System
Availability/Function**

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

B-Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

C-Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non motorized system

(2) Motorized system

(9) Unknown

**D-Proper Use of Automatic (Passive) Belt
System**

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used

improperly

with child safety seat (specify)

(8) Other improper use of automatic belt system (specify)

(9) Unknown

**E-Automatic (Passive) Belt Failure Modes
During Accident**

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
FIRST	A-Availability	4	0	4
	B-Evidence of usage	04		04
	C-Used in this crash?	00		00
	D-Proper Use	0		0
	E-Failure Modes	0		0
	F-Anchorage Adjustment	2		2-3
SECOND	A-Availability	4	4	
	B-Evidence of usage	04	04	
	C-Used in this crash?	00	00	
	D-Proper Use	0	0	
	E-Failure Modes	0	0	
	F-Anchorage Adjustment	1	1	
OTHER	A-Availability	4	3	4
	B-Evidence of usage	04	00	04
	C-Used in this crash?	00	00	00
	D-Proper Use	0	0	0
	E-Failure Modes	0	0	0
	F-Anchorage Adjustment	1	1	1

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

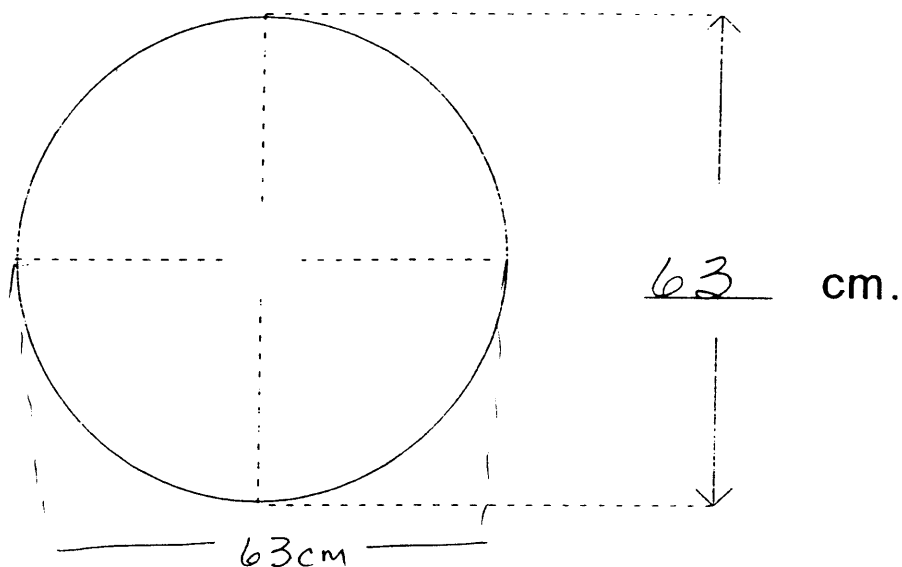
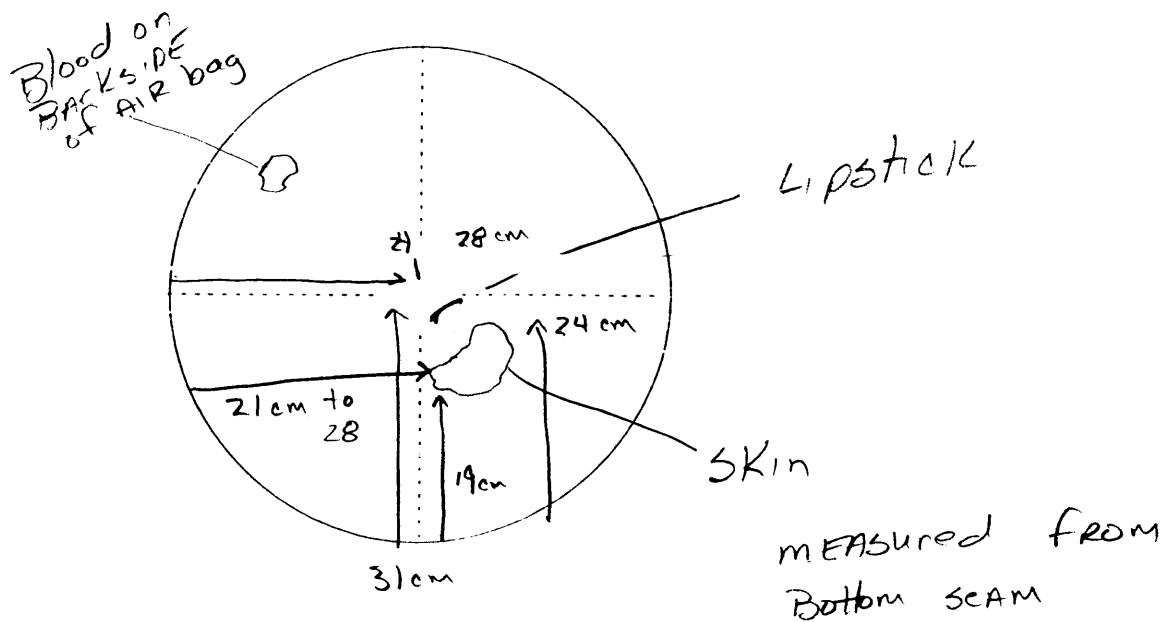
- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

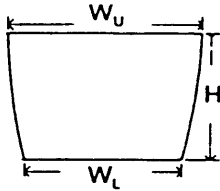
1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (~~Back~~)

DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_u) _____ width (W_L) _____
 height (H) _____



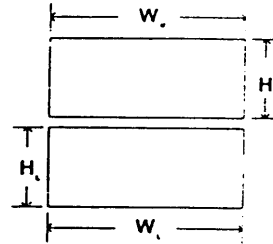
4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W_u) 18 width (W_L) 18

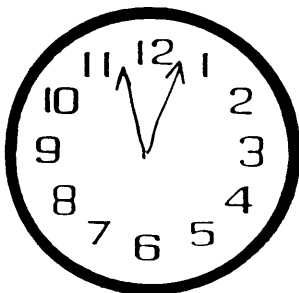
height (H_u) 7 height (H_L) 7



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

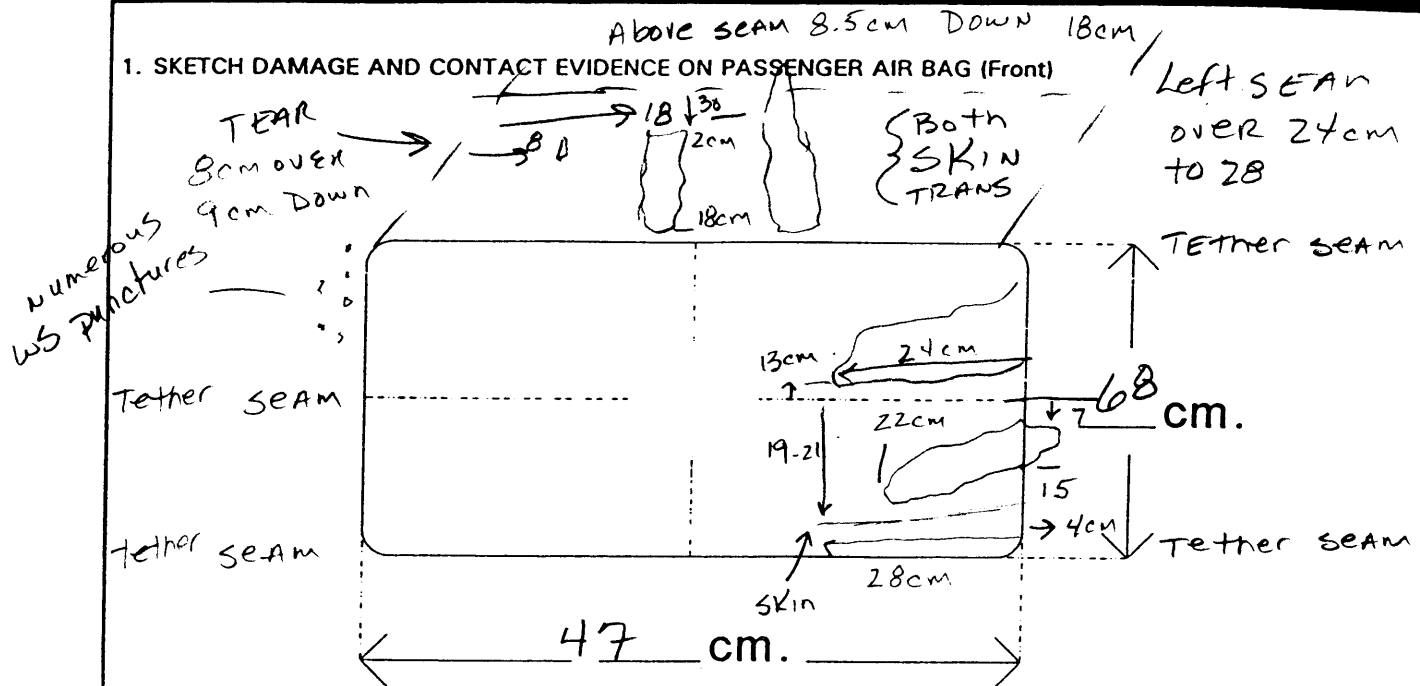
7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



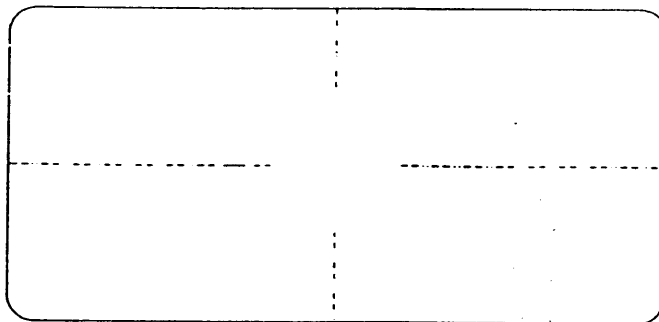
Both
 Vent Hole
 DIAM 2.5 cm

PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)

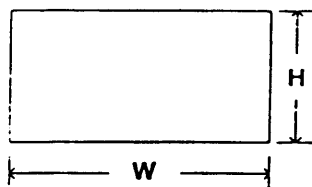


2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



PASSENGER AIR BAG SKETCHES (Cont'd)

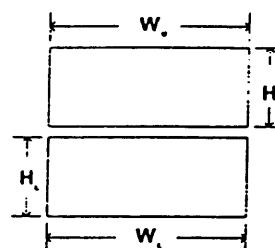
3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) 32cmheight (H) 15cm

4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W_u) _____width (W_L) _____height (H_u) _____height (H_L) _____

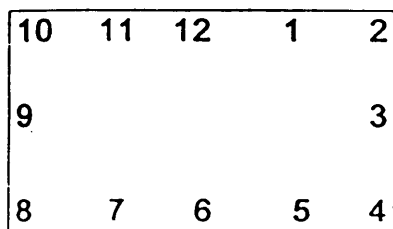
5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

2 wide
Tethers
12" wide

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

* From leading edge of
Dash to leading edge
of cover flap 5cm

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



no vents

"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	1		1
	B-Seat Type	02		02
	C-Seat Orientation	1		1
	D-Seat Track Position	4		5
	E-Seat Back Incline Pre/Post Impact	15		15
	F-Seat Performance	5		5
SECOND	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	03	03	
	C-Seat Orientation	1	1	
	D-Seat Track Position	1	1	
	E-Seat Back Incline Pre/Post Impact	01	01	
	F-Seat Performance	1	1	
THIRD	A-Head Restraint Type/Damage	0	0	0
	B-Seat Type	05	05	05
	C-Seat Orientation	1	1	1
	D-Seat Track Position	1	1	1
	E-Seat Back Incline Pre/Post Impact	01	01	01
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat						
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION**A-Head Restraint Type/Damage by Occupant at This Occupant Position**

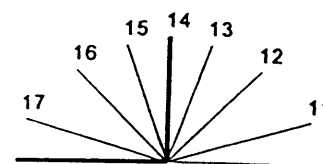
- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify: _____
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

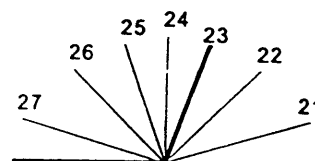
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

**B-Seat Type (this Occupant Position)**

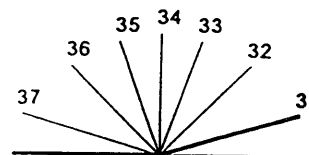
- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position

**C-Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

(99) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat

- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____

- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____

- (8) Other (specify): _____

- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

Ejection Medium

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

- (9) Unknown

Medium Status (Immediately Prior to Impact)

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism: _____

Component(s): _____

(Note on vehicle interior sketch)

NASS CDS VEHICLE FORMS: VEHICLE #2



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9619
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 76
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): FORD 12

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): 461
E-250

Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type 21
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number E25HH
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nines

9. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed 999
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

___ mph X 1.6093 = ___ kmph

12. Speed Limit 056
(000) No statutory limit
Code posted or statutory speed limit in kmph
(999) Unknown

35 mph X 1.6093 = 56 kmph

13. Police Reported Alcohol Presence For Driver 1
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver 95
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

15. Police Reported Other Drug Presence For Driver 1
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver 9
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code [REDACTED]
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin 9
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,536$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Scout, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,536$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,536$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,536$ kgs GVWR)
- (24) Van based school bus ($\leq 4,536$ kgs GVWR)
- (25) Van based other bus ($\leq 4,536$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____

- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,536$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup (foreign), Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)
- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,536$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,536$ kgs GVWR)

- (60) Step van ($> 4,536$ kgs GVWR)
- (61) Single unit straight truck ($4,536$ kgs $<$ GVWR $\leq 8,845$ kgs)
- (62) Single unit straight truck ($8,845$ kgs $<$ GVWR $\leq 11,793$ kgs)
- (63) Single unit straight truck ($> 11,793$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA19. Relation To Interchange Or Junction 2

- (0) Non-interchange area and non-junction
- (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
- (3) Driveway, alley access related
- (4) Other junction (specify) _____

- (5) Unknown type of junction

- (9) Unknown

20. Trafficway Flow 0

- (0) Not physically divided (two way traffic)
- (1) Divided trafficway-median strip without positive barrier
- (2) Divided trafficway-median strip with positive barrier
- (3) One way traffic
- (9) Unknown

21. Number Of Travel Lanes 2

- (1) One
- (2) Two
- (3) Three
- (4) Four
- (5) Five
- (6) Six
- (7) Seven or more
- (9) Unknown

22. Roadway Alignment 1

- (1) Straight
- (2) Curve right
- (3) Curve left
- (9) Unknown

23. Roadway Profile 1 -1.7°

- (1) Level
- (2) Uphill grade (> 2%)
- (3) Hill crest
- (4) Downhill grade (> 2%)
- (5) Sag
- (9) Unknown

24. Roadway Surface Type 2

- (1) Concrete
- (2) Bituminous (asphalt)
- (3) Brick or block
- (4) Slag, gravel, or stone
- (5) Dirt
- (8) Other (specify): _____
- (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
- (2) Wet
- (3) Snow or slush
- (4) Ice
- (5) Sand, dirt, or oil
- (8) Other (specify): _____
- (9) Unknown

26. Light Conditions 3

- (1) Daylight
- (2) Dark
- (3) Dark, but lighted
- (4) Dawn
- (5) Dusk
- (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
- (1) Rain
- (2) Sleet/hail
- (3) Snow
- (4) Fog
- (5) Rain and fog
- (6) Sleet and fog
- (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
- (9) Unknown

28. Traffic Control Device 0

- (0) No traffic control(s)
- (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
- (3) Yield sign
- (4) School zone sign
- (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)
- (7) Unknown sign
- (8) Miscellaneous/other controls including RR controls (specify): _____

- (9) Unknown

29. Traffic Control Device Functioning 0

- (0) No traffic control device
- (1) Traffic control device not functioning (specify): _____
- (2) Traffic control device functioning properly
- (9) Unknown

PRECRASH DRIVER RELATED DATA

30. Driver's Distraction/Inattention To Driving (Prior To Recognition Of Critical Event) 9 9
- (00) No driver present
- (01) Attentive or not distracted
- (02) Looked but did not see
- Distractions*
- (03) By other occupant(s), (specify): _____
- (04) By moving object in vehicle (specify): _____
- (05) While talking or listening to cellular phone (specify location and type of phone): _____
- (06) While dialing cellular phone (specify location and type of phone): _____
- (07) While adjusting climate controls
- (08) While adjusting radio, cassette, CD (specify): _____
- (09) While using other device/controls integral to vehicle (specify): _____
- (10) While using or reaching for device/object brought into vehicle (specify): _____
- (11) Sleepy or fell asleep
- (12) Distracted by outside person, object, or event (specify): _____
- (13) Eating or drinking
- (14) Smoking related
- (97) Distracted/inattentive, details unknown
- (98) Other, distraction (specify): _____
- (99) Unknown

31. Pre-Event Movement (Prior to Recognition of Critical Event) 1 1
- (00) No driver present
- (01) Going straight
- (02) Decelerating in traffic lane
- (03) Accelerating in traffic lane
- (04) Starting in traffic lane
- (05) Stopped in traffic lane
- (06) Passing or overtaking another vehicle
- (07) Disabled or parked in travel lane
- (08) Leaving a parking position
- (09) Entering a parking position
- (10) Turning right
- (11) Turning left
- (12) Making a U-turn
- (13) Backing up (other than for parking position)
- (14) Negotiating a curve
- (15) Changing lanes
- (16) Merging
- (17) Successful avoidance maneuver to a previous critical event
- (97) Other (specify): _____
- (99) Unknown

32. Critical Precrash Event 1 5
- THIS VEHICLE LOSS OF CONTROL DUE TO:**
- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

THIS VEHICLE TRAVELLING

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (18) This vehicle decelerating
- (19) Unknown travel direction

OTHER MOTOR VEHICLE IN LANE

- (50) Other vehicle stopped
- (51) Traveling in same direction with lower steady speed
- (52) Traveling in same direction while decelerating
- (53) Traveling in same direction with higher speed
- (54) Traveling in opposite direction
- (55) In crossover
- (56) Backing
- (59) Unknown travel direction of other motor vehicle in lane

OTHER MOTOR VEHICLE ENCROACHING INTO LANE

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

PEDESTRIAN, PEDALCYCLIST, OR OTHER NONMOTORIST

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian—unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway, (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

OBJECT OR ANIMAL

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

33. Attempted Avoidance Maneuver

99

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability

9

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Precrash stability unknown

35. Pre-Impact Location

9

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

36. Accident Type

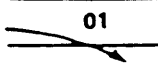
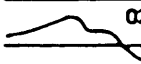
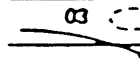


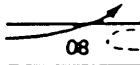
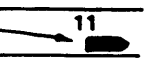
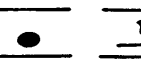
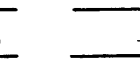
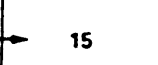
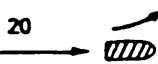
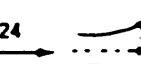
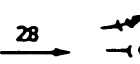


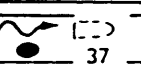
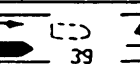
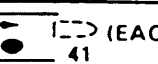
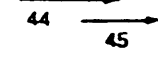
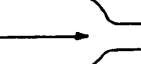
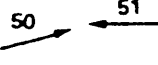
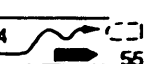
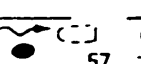
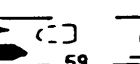
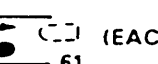

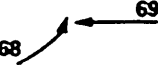


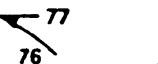

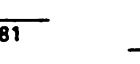

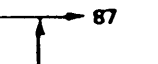
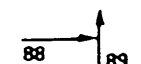
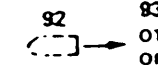

68

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)			
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER 05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER 10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE 15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 24, 25, 26, 27	 26 DECEL. 28, 29, 30, 31	 30 (EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT (EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 45	 46 45, 47	(EACH • 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head On	 50 LATERAL MOVE	(EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOWN	
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT (EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	(EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOWN	
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 72	(EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN
	K Turn Into Path	 77 76 TURN INTO SAME DIRECTION	 79 78 TURN INTO SAME DIRECTION	 81 80 TURN INTO OPPOSITE DIRECTIONS	 83 82 TURN INTO OPPOSITE DIRECTIONS (EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 87	 88 89	(EACH • 90) SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH OR OBJECT	98 Other Accident Type 99 Unknown Accident Type 00 No Impact	

National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

Page 5

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 00

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 1990
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 454 kilograms
 (612) 6,124 kilograms or more
 (999) Unknown
4395 lbs X 4536 = 1994 kgs

Source: _____

44. Vehicle Cargo Weight 140
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (454) 4,536 kilograms or more
 (999) Unknown
300 lbs X .4536 = 136.1 kgs

Source: Estimate from photos**ROLLOVER DATA**

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)51. Front Override/Underride (this Vehicle) 152. Rear Override/Underride (this Vehicle) 0

(0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride

*Override (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

(1) 1st CDC

(2) 2nd CDC

(3) Other not automated CDC (specify):
_____*Underride (see specific CDC)**(Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49))*

(4) 1st CDC

(5) 2nd CDC

(6) Other not automated CDC (specify):

(7) Medium/heavy truck or bus override (of any configuration)

(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

(996) Non-horizontal impact

(997) Noncollision

(998) Impact with object

(999) Unknown

53. Heading Angle For This Vehicle 2 2 554. Heading Angle For Other Vehicle 0 7 5**RECONSTRUCTION DATA**55. Towed Trailing Unit 0

(0) No towed unit

(1) Yes—towed trailing unit

(9) Unknown

56. Documentation of Trajectory Data for This Vehicle 0

(0) No

(1) Yes

57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0

(0) Not collision (for highest delta V) with tree or pole

(1) Not damaged

(2) Cracked/sheared

(3) Tilted < 45 degrees

(4) Tilted ≥ 45 degrees

(5) Uprooted tree

(6) Separated pole from base

(7) Pole replaced

(8) Other (specify):

(9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V58. Basis for Total (Resultant) Delta V (highest) 0 1

(00) No vehicle inspection

Delta V Calculated

(01) Reconstruction program-damage only routine

(02) Reconstruction program-damage and trajectory routine

(03) Missing vehicle algorithm

Delta V Not Calculated

(04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

(05) Rollover

(06) Other non-horizontal forces

(07) Sideswipe type damage

(08) Severe override

(09) Yielding object

(10) Overlapping damage

(11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify):

_____(98) Other, (specify):

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

Highest

0 2 121 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)

(160) 159.5 kmph and above

(_999) Unknown

60. Longitudinal Component of
Delta V

Highest

+ 0 2 0-20 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: _000 means greater than

-0.5 kmph and less than +0.5 kmph)

(+160) ±159.5 kmph and above

(_999) Unknown

61. Lateral Component of Delta V

Highest

+ 0 0 7-7 Nearest kmph (highest) Nearest kmph (secondary)(NOTE: _000 means greater than -0.5 kmph and
less than +0.5 kmph)

(+160) ±159.5 kmph and above

(_999) Unknown

62. Energy Absorption

Highest

0 3 8 . 9 0 038,853 Nearest 100 joules (highest) Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)

(9997) 999,650 joules or more

(9999) Unknown

63. Impact Speed

Highest

9 9 8 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(998) Trajectory algorithm not run

(999) Unknown

DELTA V CONFIDENCE LEVEL64. Confidence In Reconstruction Program
Results (For Highest Delta V)

(0) No reconstruction

(1) Collision fits model — results appear
reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear
reasonable**OTHER SPEED ESTIMATE**

65. Barrier Equivalent Speed

Highest

0 2 121.2 Nearest kmph (highest) Nearest kmph (secondary)

(NOTE: 000 means

less than 0.5 kmph)

(160) 159.5 kmph and above

(999) Unknown

ESTIMATED DELTA V

INSPECTION TYPE

66. Estimated Highest Delta V (Researcher Determined)

(0) Reconstruction Delta V coded

Estimated Delta V

(1) Less than 10 kmph

(2) ≥ 10 kmph but < 25 kmph(3) ≥ 25 kmph but < 40 kmph(4) ≥ 40 kmph but < 55 kmph(5) ≥ 55 kmph*Other estimates of damage severity*

(6) Minor

(7) Moderate

(8) Severe

(9) Unknown

67. Type of Vehicle Inspection

(0) No inspection

(1) Vehicle fully repaired-no damage evident

(2) Partial inspection (specify):

TIME CONSTRAINTS

(3) Complete inspection

DELTA V EVENT NUMBER

68. Delta V Event Number

Code the accident event sequence number that resulted in the Delta V that has been coded above for this vehicle

(99) Unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67 = 0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



EXTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

10

3. Vehicle Number

02

2. Case Number - Stratum

9619

VEHICLE IDENTIFICATION

VIN E25HH

Model Year 76

Vehicle Make (specify):

FORD

Vehicle Model (specify):

E-250

LOCATOR

Locate the end of the damage with respect to the vehicle's damaged center point or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
<u>01</u>	<u>34 cm (L) of center</u>	<u>Across front bumper</u>	<u>C-6</u>

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile. cm

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
<u>01</u>	<u>Front Bumper</u>	<u>125</u>		<u>181</u>	<u>0</u>	<u>2</u>	<u>7</u>	<u>14</u>	<u>6</u>	<u>25</u>	<u>+28.5</u>
<u>01</u>	<u>ABOVE bumper</u>	<u>125</u>		<u>181</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>45</u>	
	<u>AVG</u>				<u>0</u>	<u>2</u>	<u>7</u>	<u>14</u>	<u>6</u>	<u>35</u>	<u>+28.5</u>

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>138.0</u>	inches	x 2.54	=	<u>350.5</u>	cm
Overall Length	<u>206.8</u>	inches	x 2.54	=	<u>525.3</u>	cm
Maximum Width	<u>79.5</u>	inches	x 2.54	=	<u>201.9</u>	cm
Curb Weight	<u>4,395</u>	pounds	x 0.4536	=	<u>1,993.6</u>	kg
Average Track	<u>63.3</u>	inches	x 2.54	=	<u>160.8</u>	cm
Front Overhang	<u>27.6</u>	inches	x 2.54	=	<u>70</u>	cm
Rear Overhang	<u>40.5</u>	inches	x 2.54	=	<u>102.9</u>	cm
Undeformed End Width	<u>76.4</u>	inches	x 2.54	=	<u>194</u>	cm
Engine Size: cyl/displ.	_____	cc	x 0.001	=	<u>5.8</u>	L
	<u>351</u>	CID	x 0.0164	=	<u>5.8</u>	L

Shipping Weight
E-250 Window Van w/V-6
V6 → V8

4,295
100
100

← Most likely is
curb weight; ∴
subtract 100 lbs

4,495

Curb Weight for
E-250 Cargo Van w/V-6
Window Van
V6 → V8

4,264
29
100

4,393

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify}	Color: {specify}	Repair Cost: \$
Transmission: {circle} <u>Automatic</u> Manual	Speed: <u>3-speed</u> 4-speed 5-speed Other:	
Steering: {circle} Power-assisted Manual (please describe): <u>UNK</u>	Type: rack-and-pinion worm-and-gear Other <u>recirculating ball</u>	
Brakes: {circle} <u>Power-assisted</u> Manual	Type: 4-wheel disc 4-wheel drum 4-wheel hydraulic <u>front disc, rear drum</u> Other:	
Observed Defects: {specify}		
Fleet Type: {circle} <u>Private vehicle</u> Rental vehicle Leased vehicle Commercial vehicle Other (please describe):		

AUTOMOBILE REFERENCE BOOK

FORD Motor Co., &

Model	No. Cyl.	Bore & Stroke	Tax H.P.	Max. G.V.W.	Type of Body	Shipping Weight	W.B.	Weight Class	List Price
1976									
ECONOLINE VANS									
E100 Econoline Vans — $\frac{1}{2}$ -ton rating—6-cyl. 300 gas. eng.									
E040	6	4.00x3.98	38.4	5,100	Cargo Van	3,775	124"	L	\$3,733.75
E060					Display Van	3,790	124"		3,772.75
E050					Wind. Van	3,800	124"		3,819.75
Optional GVW 5250 lb. package \$24; 5700 lb. GVW package \$159.									
E040	6	4.00x3.98	38.4	5,100	Cargo Van	3,945	138"	L	\$3,869.75
E060					Display Van	3,955	138"		3,908.75
E050					Wind. Van	3,975	138"		3,955.75
Optional 5200 lb. GVW package \$14; 5800 lb. GVW package \$169.									
E150 Econoline Vans — $\frac{1}{2}$ -ton rating—6-cyl. 300 gas. eng.									
E140	6	4.00x3.98	38.4	6,050	Cargo Van	3,735	124"	L	\$3,951.64
E160					Display Van	3,750	124"		3,990.64
E150					Wind. Van	3,760	124"		4,037.64
E140	6	4.00x3.98	38.4	6,050	Cargo Van	3,935	138"	L	4,087.64
E160					Display Van	3,950	138"		4,126.64
E150					Wind. Van	3,960	138"		4,173.64
Optional 6250 lb. GVW package \$8.10.									
E250 Econoline Vans — $\frac{3}{4}$ -ton rating—6-cyl. 300 gas. eng.									
E240	6	4.00x3.98	38.4	6,870	Cargo Van	4,265	138"	L	\$4,247.84
E260					Display Van	4,280	138"		4,287.84
E250					Wind. Van	4,295	138"		4,334.84
Optional 7625 lb. GVW package \$73; 8350 lb. GVW package \$155.									
E350 Econoline Vans — $1\frac{1}{4}$ -ton rating—6-cyl. 300 gas. eng.									
E340	6	4.00x3.98	38.4	8,650	Cargo Van	4,430	138"	L	\$4,430.80
E360					Display Van	4,445	138"		4,470.80
E350					Wind. Van	4,460	138"		4,517.80
Optional 9600 lb. GVW package \$395; 9900 lb. GVW package \$728.									
Optional Equip.: V8-351 (E100 only) \$145; V8-351 all others \$109; V8-460 eng. \$325; Cruise-O-Matic trans. \$304 (included in E350 GVW packages); Air cond. \$572 w/351 eng. \$552 w/460 eng.; Power brakes \$59; Radio AM \$78; AM/FM Stereo \$252; Power steering \$173.									
Econoline Parcel Delivery or Cutaway Vans.									
E250 Parcel Delivery Vans —Single rear tires— $\frac{3}{4}$ -ton rating—6-cyl. 300 eng.									
E280	6	4.00x3.98	38.4	7,850	12'x7' Van Bdy.	5,290	138"	L	\$6,044.80
E270					Cutaway	3,835	138"		NA
E350 Parcel Delivery Van —Dual rear tires— $1\frac{1}{4}$ -ton rating—6-cyl. 300 eng.									
E380	6	4.00x3.98	38.4	8,750	12'x8' Van Bdy.	5,600	138"	L	\$6,453.88
					Cutaway	3,880	138"		NA
Optional 10,000 lb. (L) GVW package \$425 (inc. Cruise-O-Matic trans.)									
E350 Parcel Delivery Van —Dual rear tires— $1\frac{1}{4}$ -ton rating—V8-351 & V8-460 engs.									
E381	8	4.00x3.50	51.2	10,000	14'x8' Van Bdy.	6,040	158"	L	\$7,069.88
E382	8	4.36x3.85	60.8	10,725	14'x8' Van Bdy.	6,040	158"	M	7,290.91
E374				11,000	Cutaway	4,240	158"	M	NA
Optional Equip.: V8-351 eng. \$82; V8-460 eng. \$331 (E350 only w/158" w.b. and 10,000 GVW—\$250); Cruise-O-Matic trans. \$332; Air cond. w/351 eng. \$614; w/460 eng. \$591; Radio AM \$81; AM/FM Stereo \$256; Power steering \$185.									
CLUB WAGONS									
E100 Club Wagon — $\frac{1}{2}$ -ton rating—6-cyl. 300 gas. eng.									
E010	6	4.00x3.98	38.4	5,600	5-Ps. Cl. Wag.	4,090	124"	L	\$4,857.70
Optional 5900 lb. GVW package \$45.									
E020	6	4.00x3.98	38.4	6,000	8-Ps. Club Wag.	4,220	124"	L	4,984.20
E150 Club Wagon — $\frac{1}{2}$ -ton rating—6-cyl. 300 gas. eng.									
E111	6	4.00x3.98	38.4	6,300	5-Ps. Club Wag.	4,135	124"	L	\$5,088.20
E120				6,350	8-Ps. Club Wag.	4,245	124"	L	5,202.55
E110				6,010	5-Ps. Club Wag.	4,245	138"	L	5,183.20
Optional 6300 lb. GVW package \$45.									
E120				6,350	8-Ps. Club Wag.	4,365	138"	L	5,297.55

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE
a. Rotation physically restricted b. Tire deflated

RF 1
LF 2
RR 2
LR 2

RF 1
LF 2
RR 2
LR 2

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase 351 cm
Overall Length 525 cm
Maximum Width 202 cm
Curb Weight 1994 kg
Average Track 161 cm
Front Overhang 70 cm
Rear Overhang 103 cm
Undeformed End Width 194 cm
Engine Size: cyl./displ. V8 5.8 L

WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)

RF ± _____ °
LF ± _____ °
RR ± _____ °
LR ± _____ °

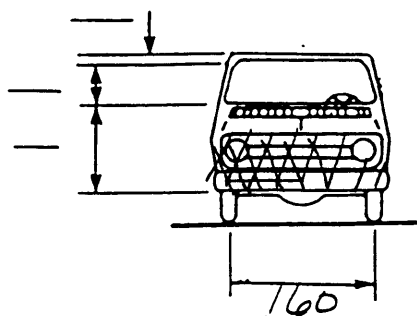
Within ± 5 degrees

DRIVE WHEELS

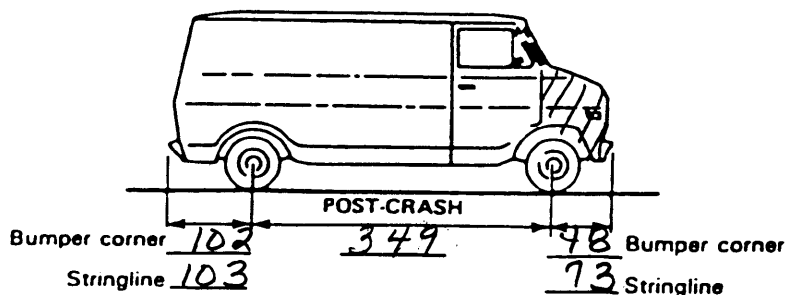
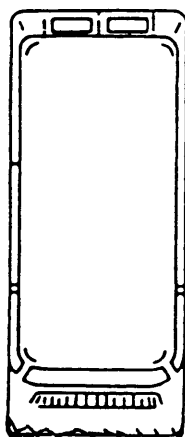
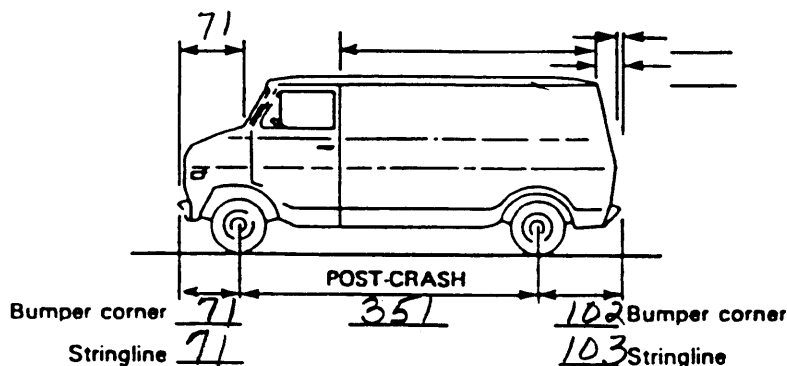
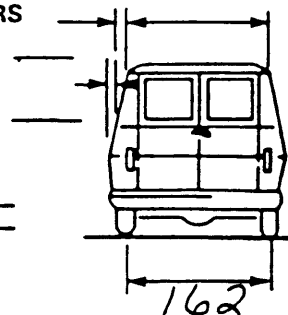
☐ FWD ☒ RWD ☐ 4WD

Approximate Cargo Weight _____ kg

MEASUREMENTS IN CENTIMETERS



Original
Bumper height



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

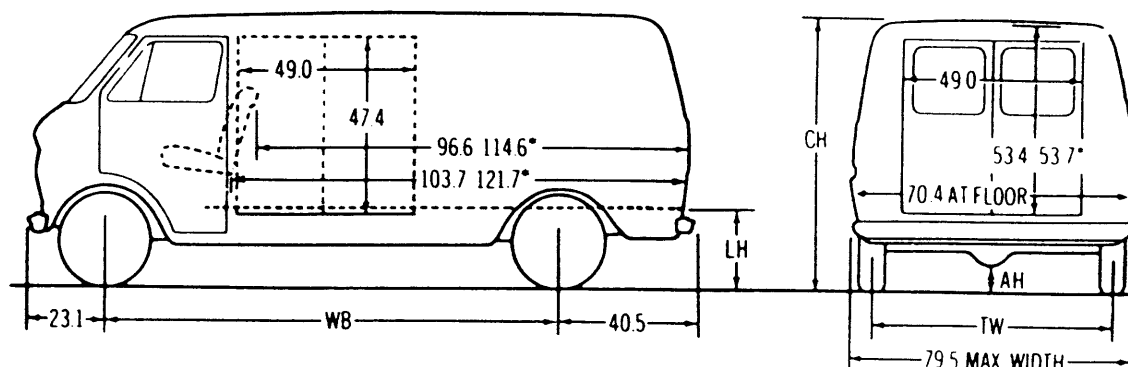
FORD ECONOLINE VANS

Series E-100 — GVW Rating: 5,150-5,750 Lbs.

Series E-150 — GVW Rating: 6,150 Lbs.

Series E-250 — GVW Rating: 6,800-8,300 Lbs.

Series E-350 — GVW Rating: 8,600-9,850 Lbs.



ENGINE: Standard: Ford 300 Six, 122 net horsepower.

Optional: Ford 351 V-8 (2V), 147 net horsepower.

Optional: E-250/350- Ford 460 V-8 (4V), 237 net horsepower.

MODELS AVAILABLE: Cargo Van; Window Van; Display Van.

SERIES	GVW RATING	MINIMUM EQUIPMENT REQUIRED FOR GVW RATING
E-100	5,150 5,750	Standard 3,200 fr. & 3,600 r. axles; power brakes; 1,360 fr. & 1,630 r. springs; H78-15B tires.
E-150	6,150	Standard
E-250	6,800 7,550 8,300	Standard 2,400 r. springs; 8.75-16.5D tires. 1,550 fr. & 2,755 r. springs; 8.75-16.5E tires.
E-350	8,600 9,550 9,850	Standard 1,700 fr. & 3,235 r. springs; auto. trans. 1,850 fr. & 3,235 r. springs; / 460 V-8 engine; auto trans.; 9.50-16.5E tires.

CURB WEIGHTS AND DIMENSIONS: (Standard equipment, fuel, water and oil)

Series	WB	OAL	Front	Rear	Total
E-100	124	186.8	2,174	1,615	3,789
	138	206.8	2,184	1,781	3,965
E-150	124	186.8	2,189	1,595	3,784
	138	206.8	2,163	1,793	3,956
E-250	138	206.8	2,263	2,001	4,264
E-350	138	206.8	2,313	2,142	4,455

NOTE: Add - front, rear, total (lbs.): Window Van 4, 25, 29; Display Van 2, 13, 15

FORD TRUCK ENGINES

MODEL	300 Six	302 V-8 (2V)	351 V-8 (2V)	400 V-8 (2V)
Type	Valve-in-head	Valve-in-head	Valve-in-head	Valve-in-head
Bore & Stroke	4.00 x 3.98	4.00 x 3.00	4.00 x 3.50	4.00 x 4.00
Displacement	300 cu. in.	302 cu. in.	351 cu. in.	400 cu. in.
Taxable Horsepower	38.4	51.2	51.2	52.5
Gross BHP @ RPM	----	----	----	----
Net BHP @ RPM	119 @ 3200	136 @ 3600	163 @ 3800	169 @ 3800
Gross Torque @ RPM	----	----	----	----
Net Torque @ RPM	252 @ 1600	245 @ 2000	267 @ 2200	303 @ 2200
Compression Ratio	8.9 to 1	8.4 to 1	8.0 to 1	8.0 to 1
Carburetor	Single Venturi DD	Two Venturi DD	Two Venturi DD	Two Venturi DD
MODEL	460 V-8 (4V)	330 XD V-8 (2V)	361 XD V-8 (2V)	361 XD V-8 (4V)
Type	Valve-in-head	Valve-in-head	Valve-in-head	Valve-in-head
Bore & Stroke	4.36 x 3.85	3.87 x 3.50	4.05 x 3.50	4.05 x 3.50
Displacement	460 cu. in.	330 cu. in.	361 cu. in.	361 cu. in.
Taxable Horsepower	60.8	47.9	52.5	52.5
Gross BHP @ RPM	----	155 @ 3600	170 @ 3800	188 @ 3600
Net BHP @ RPM	245 @ 4200	137 @ 3600	149 @ 3800	170 @ 3600
Gross Torque @ RPM	----	262 @ 2600	290 @ 2400	301 @ 2800
Net Torque @ RPM	371 @ 2600	250 @ 2400	278 @ 2400	284 @ 2400
Compression Ratio	8.0 to 1	7.4 to 1	7.2 to 1	7.2 to 1
Carburetor	Four Venturi DD	Two Venturi DD	Two Venturi DD	Four Venturi DD
MODEL	389 XD V-8 (4V)	475 V-8 (4V)	477 SD V-8 (4V)	534 SD V-8 (4V)
Type	Valve-in-head	Valve-in-head	Valve-in-head	Valve-in-head
Bore & Stroke	4.05 x 3.78	4.50 x 3.75	4.50 x 3.75	4.50 x 4.20
Displacement	391 cu. in.	477 cu. in.	477 cu. in.	534 cu. in.
Taxable Horsepower	52.5	64.80	64.80	64.80
Gross BHP @ RPM	195 @ 3600	231 @ 3400	225 @ 3200	235 @ 3200
Net BHP @ RPM	178 @ 3400	212 @ 3400	209 @ 3200	218 @ 3100
Gross Torque @ RPM	330 @ 2600	399 @ 2900	399 @ 2300	446 @ 2100
Net Torque @ RPM	316 @ 2400	380 @ 2200	380 @ 2200	436 @ 2100
Compression Ratio	7.2 to 1	7.2 to 1	7.2 to 1	7.3 to 1
Carburetor	Four Venturi DD	Four Venturi DD	Four Venturi DD	Four Venturi DD

Gross and net horsepower and torque ratings for individual engines may vary between series in models depending on equipment used, wheelbases, etc.

FORD ECONOLINE VANS E-100, E-150, E-250, E-350

SERIES	E-100	E-150	E-250	E-350
Front Axle, cap.	3,400 lbs.	3,400 lbs.	4,000 lbs.	4,200 lbs.
Rear Axle, cap.	2,750 lbs.	3,600 lbs.	5,300 lbs.	7,400 lbs.
Ratios	3.0 (3.5)	3.0 (3.5)	3.73 (3.31; 4.1)	4.10 (3.73)
Service Brakes	Power, dual hydraulic, self-adjusting			
Front	11.54 disc	11.54 disc	12.55 disc	12.55 disc
Rear	11-1/32 x 2-1/4	11-1/32 x 2-1/4	12 x 2-1/2	12 x 3
Vacuum Booster	10.96" dia. opt.	10.96" dia.	11.46" dia.	9.3" dia.
Parking Brakes	Cable actuation of rear brakes, foot operated			
Clutch	Single plate, dry disc, 11" dia., 123.7 sq. in. frictional area			
Electrical System	12 volt; 40 amp. alternator; 41 amp. hr. battery			
Frame	36,000 psi steel single channel			
Section Modulus	2.79	2.79	3.90	5.00
Fuel Tank	18 gal. capacity 124" wbs.; 24.6 gal. capacity 138" wbs. (22.1 E-100)			
Steering	Manual, recirculating (Power steering optional)			
Front Springs, cap.	1,285 lb. coil	1,360 lb. coil	1,475 lb. coil	1,625 lb. coil
Rear Springs, cap.	1,440 lb. leaf	1,875 lbs., leaf	2,110 lb. leaf	2,785 lb. leaf
Transmission, std.	Ford, 3-speed direct, ratios 2.99, 1.75, 1.00 reverse 3.17			
Optional	Ford, 3-speed automatic, Select-Shift Cruise-O-Matic			
Tires, Std.	F78-15B	H78-15D	8.00-16.5D (TT)	9.50-16.5D (TT)
Wheels	5-hole disc	5-hole disc	8-hole disc	8-hole disc

Vehicle Identification Numbers and Registration Data

FORD

Ford Rating Plates (Certification Label) for 1975 are located as follows:
Bronco (U150) on top of right front frame rail approximately 12" behind the shock absorber.
The Vin can also be found on a flange attached to the inside panel of the glove compartment door.
All others are on the rear lock face of the left front door.

VEHICLE IDENTIFICATION NUMBER
All – Except Ranchero & Courier

U90	1	V	S6000
(1)	(2)	(3)	(4)

(1) SERIES
(2) ENGINE
(3) PLANT
(4) SERIAL NUMBER

Above example has U90 as the model code. U90 in the following chart is a LT9000. The symbol "1" in the Diesel Engine chart is a Cummins NH-230.

1. SERIES (Model Code)
Letter and 1st 2 numbers of series designation.

MODEL CODE	SERIES
B50	= B-500
B60	= B-600
B61	
B70	= B-700
B71	
B75	= B-750
C60	= C-600
C61	
C70	= C-700
C75	= C-750
C80	= C-800
C90	= C-900
C91	
D70	= C-7000
D80	= C-8000
E01	5-Pass. Club Wagon
E02	8-Pass. Club Wagon
E04	= E100 Cargo Van
E05	Window Van
E06	Display Van
E11	5-Pass. Club Wagon
E12	8-Pass. Club Wagon
E14	= E150 Cargo Van
E15	Window Van
E16	Display Van

FORD

MODEL CODE	SERIES
E21	5-Pass. Club Wagon
E22	8-Pass. Club Wagon
E23	12-Pass. Club Wagon
E24	= E250 Cargo Van
E25	Window Van
E26	Display Van
E27	Cutaway Van
E28	Parcel Delivery Van
E34	Cargo Van
E35	Window Van
E36	= E350 Display Van
E37	Cutaway Van
E38	Parcel Delivery Van
F10	= F-100 4x2 Pickup
F11	= F-100 4x4 Pickup
F14	= F150 4x4 Pickup
F15	= F150 4x2 Pickup
F16	= F150 4x4 Chassis-Cab
F17	= F-100 4x2 Chassis-Cab
F18	= F-100 4x4 Chassis-Cab
F19	= F-150 4x2 Chassis-Cab
F25	4x2 Pickup
F26	= F-250 4x4 Pickup
F27	= F-250 4x2 Chassis-Cab
F28	= F-250 4x4 Chassis-Cab
F35	= F-350 Pickups
F37	= F-350 Chassis-Cab
F50	= F-500
F60	= F-600
F61	
F65	= F-600 4x4
F66	
F70	= F-700
F75	= F-750
F80	= L-800
F81	
F88	= F-880
F90	= L-900
F91	
J70	= B-7000
K70	= F-7000
K80	= L-8000
K81	
K90	= L-9000
L80	= CT-800
L90	= CT-900
L91	
M45	= M-450
M50	= M-500

* Chassis-Cab unless otherwise stated.

1976

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION**HIGHEST DELTA "V"**

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>01</u>	7. <u>F</u>	8. <u>Z</u>	9. <u>E</u>	10. <u>W</u>	11. <u>04</u>

Second Highest Delta "V"

12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L 21. C₁ C₂ C₃ C₄ C₅ C₆ 22. ±D

194 000 002 007 014 006 035 ⊕ 029

Second Highest Delta "V"

23. L 24. C₁ C₂ C₃ C₄ C₅ C₆ 25. ±D

_____ + _____

26. Undeformed End Width

(Coded when highest severity impact is an end plane impact.)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(998) No highest severity end plane impact

(999) Unknown

194

27. Direct Damage Width

(For highest severity impact)

_____ Code to the nearest centimeter

(250) 250 centimeters or more

(999) Unknown

125

28. Original Wheelbase

_____ Code to the nearest centimeter

(650) 650 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

351

29. Original Average Track Width

_____ Code to the nearest centimeter

(185) 185 centimeters or more

(999) Unknown

_____ inches X 2.54 = _____ centimeters

161

FUEL SYSTEM

30. Are CDCs Documented
but Not Coded on The
Automated File?

- (0) No
(1) Yes

31. Researcher's Assessment of Vehicle
Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

32. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

35. Location of Fuel Tank-1 Filler Cap

36. Location of Fuel Tank-2 Filler Cap

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle)
on left side plane
(3) Aft of center of the rear wheels (rear axle)
on right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear
axle) on left side plane
(7) Over the center of the rear wheels (rear
axle) on right side plane
(8) Other (specify): _____
(9) Unknown

37. Type of Fuel Tank-1

38. Type of Fuel Tank-2

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

39. Location of Fuel Tank-1

40. Location of Fuel Tank-2

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle)
left side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify): _____
(9) Unknown

41. Damage to Fuel Tank-1

42. Damage to Fuel Tank-2

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify): _____
(9) Unknown

FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

34. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify): _____

- (9) Unknown

43. Leakage Location of Fuel System-1

1

44. Leakage Location of Fuel System-2

2

- (0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage

- (2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

45. Fuel Type-1

01

46. Fuel Type-2

00*Single Fuel Type*

- (00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

- (10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks

- (1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
Type of tank _____
Tank location _____
Filler cap location _____
Tank damage _____
Location of leakage _____
Type of fuel _____
(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 96

3. Vehicle Number 02

INTEGRITY

4. Passenger Compartment Integrity 00

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 1 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code Ø

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 1 16. LF 2 17. RF 2 18. LR 2 19. RR 2

20. BL 2 21. Roof 0 22. Other 2

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 2 26. LR 1 27. RR 1

28. BL 3 29. Roof 0 30. Other 1

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 1 32. LF 1 33. RF 1 34. LR 1 35. RR 1

36. BL 1 37. Roof 0 38. Other 1

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 1 40. LF 1 41. RF 1 42. LR 1 43. RR 1

44. BL 1 45. Roof 0 46. Other 1

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—	ESTIMATED	=	
--	---	-----------	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

INTRUDING COMPONENT

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. _____	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

(97) Catastrophic
 (98) Other enclosed area (specify) _____

(99) Unknown

Third Seat
 (31) Left
 (32) Middle
 (33) Right

MAGNITUDE OF INTRUSION

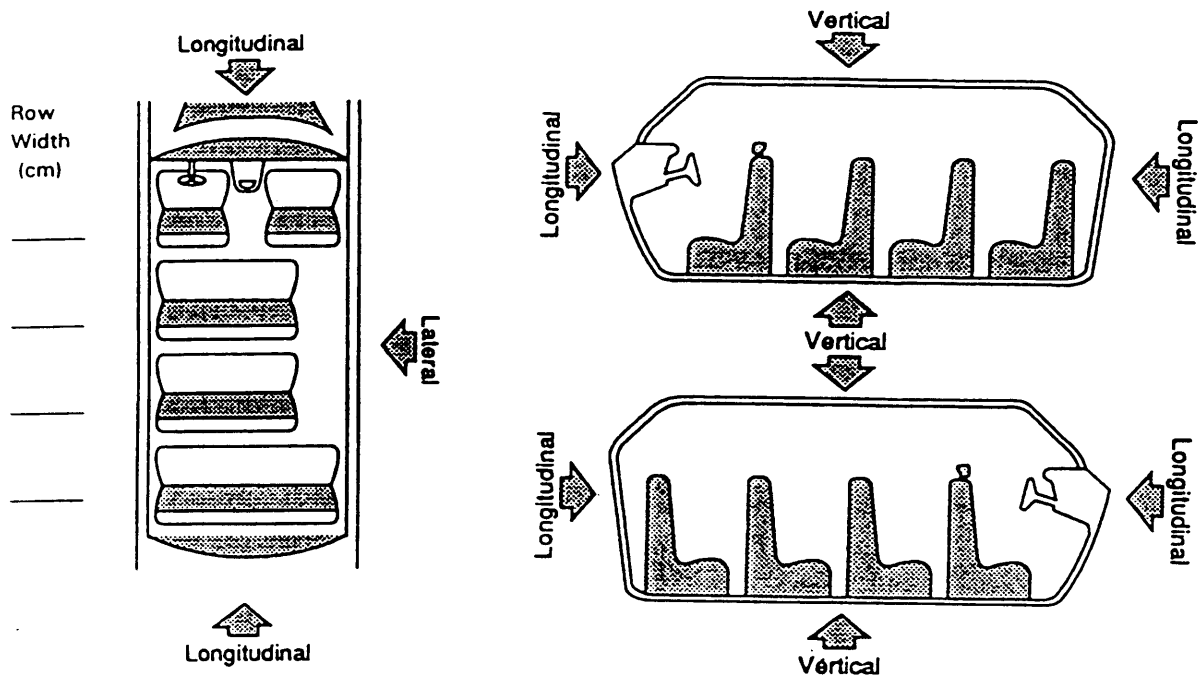
- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

INTRUSION WORKSHEET

NOTE: SKETCH INTRUDED AREAS



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	= INTRUSION	
		-		=	
		-		=	
		No Intrusion			
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

STEERING COLUMN**INSTRUMENT PANEL**

87. Steering Column Type

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation

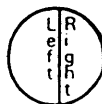
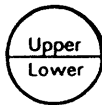
- (00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

92. Odometer Reading

258,000

_____ kilometers
 Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

160.303 miles X 1.6093 = 257.983 kilometers

Source: ODOMETER

93. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed
 (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM steering wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced diameter)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify): _____
☐ Additional or relocated switches (specify): _____
☐ Raised roof
☐ Wall-mounted head rest (used behind wheelchair)
☐ Other adaptive device (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data *for the driver and first seat passenger* in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
A-Type of air bag?	0	0
B-Flaps open at tear points?	0	0
C-Flaps damaged?	0	0
D-Air bag damaged?	00	00
E-Source of air bag damage	00	00
F-Air bag tethered?	0	0
G-Air bag have vent ports?	0	0
H-Other occupant contact air bag?	0	0
I-Occupant wearing eyewear?	0	0

A-Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

B-Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

C-Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

D-Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

E-Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

F-Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

G-Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

H-Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

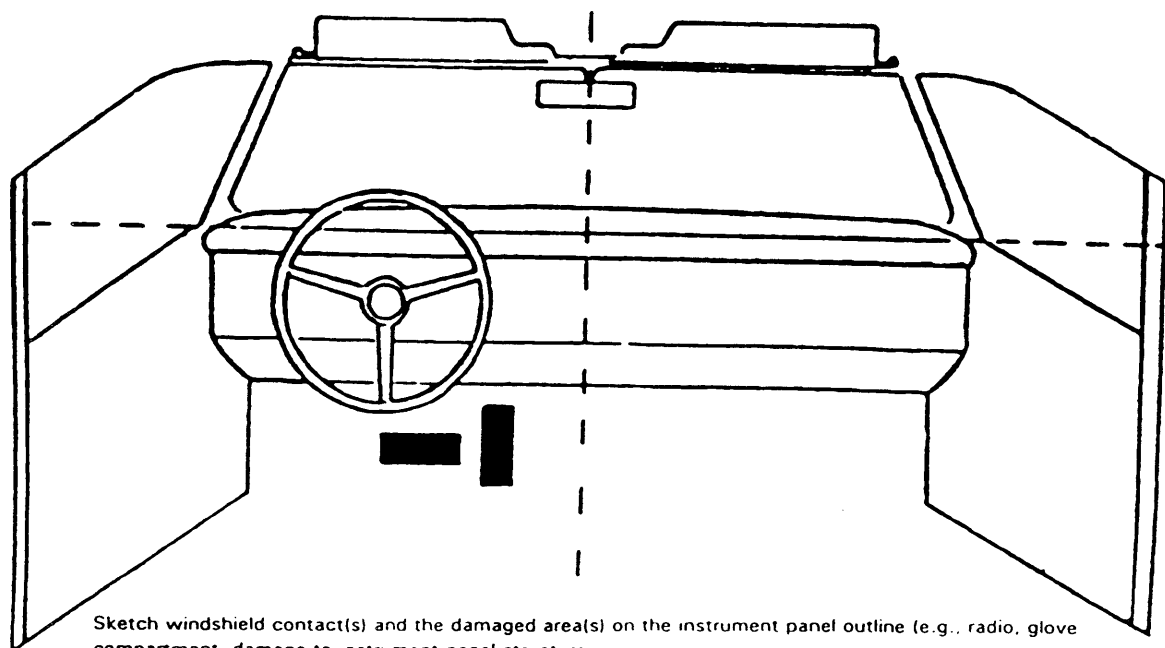
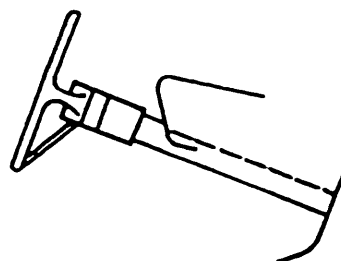
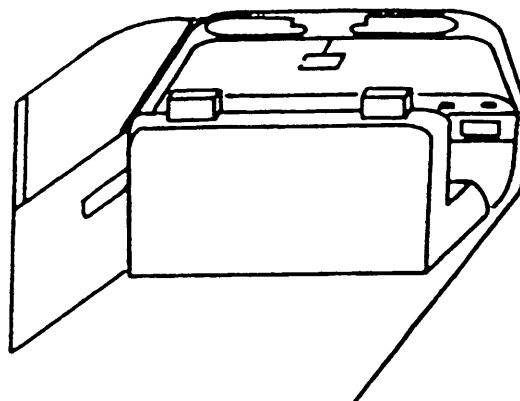
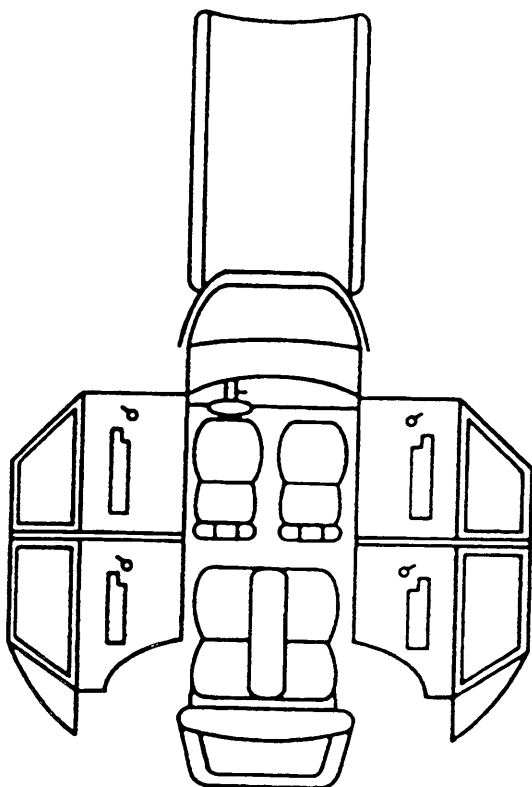
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

I-Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).

Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.

Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (e.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify)
 (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheel chair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Frontal Air Bags--Left Front	Frontal Air Bags-Right Front	Other Air Bag
F I R S T	Availability/Function	0	0	
	Deployment	0	0	
	Failure	0	0	

Air Bag System Availability/Function

- (0) Not equipped/not available
(1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____

- (3) Air bag not reinstalled
(9) Unknown

**Air Bag System Deployment
(This Occupant Position)**

- (0) Not equipped/not available
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, accident sequence undetermined
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	A-Availability/Function	0	0
	B-Use	0	0
	C-Type	0	0
	D-Proper Use	0	0
	E-Failure Modes	0	0

A-Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available
(1) 2 point automatic belts
(2) 3 point automatic belts
(3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
(9) Unknown

B-Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Automatic belt in use
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)
(3) Automatic belt use unknown
(9) Unknown

C-Automatic (Passive) Belt System Type

- (0) Not equipped/not available
(1) Non motorized system
(2) Motorized system
(9) Unknown

D-Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used
(1) Automatic belt used properly
(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
(4) Automatic shoulder belt worn behind back
(5) Automatic belt worn around more than one person
(6) Lap portion of automatic belt worn on abdomen
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
(9) Unknown

E-Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use
(1) No automatic belt failure(s)
(2) Torn webbing (stretched webbing not included)
(3) Broken buckle or latchplate
(4) Upper anchorage separated
(5) Other anchorage separated (specify): _____
(6) Broken retractor
(7) Combination of above (specify): _____
(8) Other automatic belt failure (specify): _____
(9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page 11.

If the vehicle has automatic restraints available, encode the appropriate data on page 6.

		Left	Center	Right
F I R S T	A-Availability	4	0	4
	B-Evidence of usage	04		04
	C-Used in this crash?	00		00
	D-Proper Use	0		0
	E-Failure Modes	0		0
	F-Anchorage Adjustment	1		1
S E C O N D	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			
O T H E R	A-Availability			
	B-Evidence of usage			
	C-Used in this crash?			
	D-Proper Use			
	E-Failure Modes			
	F-Anchorage Adjustment			

A-Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____
- (9) Unknown

B/C-Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify): _____
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

D-Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of manual belt system (specify): _____
- (9) Unknown

E-Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other manual belt failure (specify): _____
- (9) Unknown

F-Shoulder Belt Upper Anchorage Adjustment

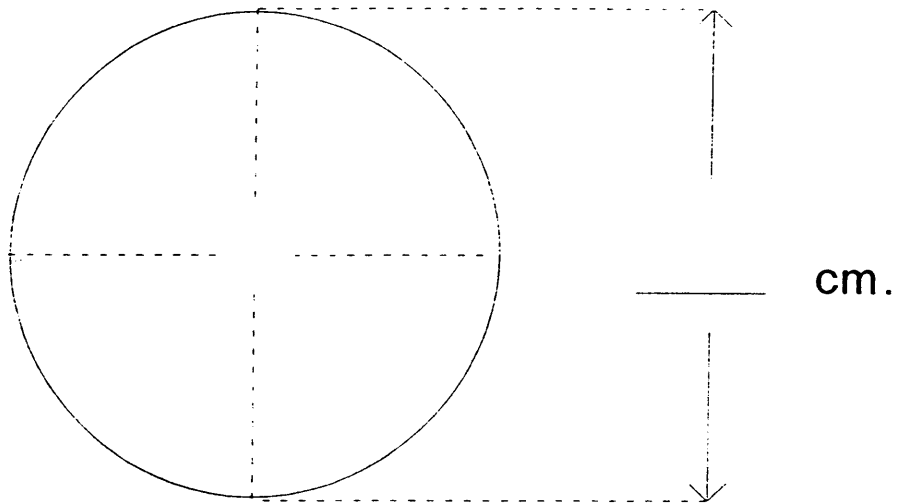
- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

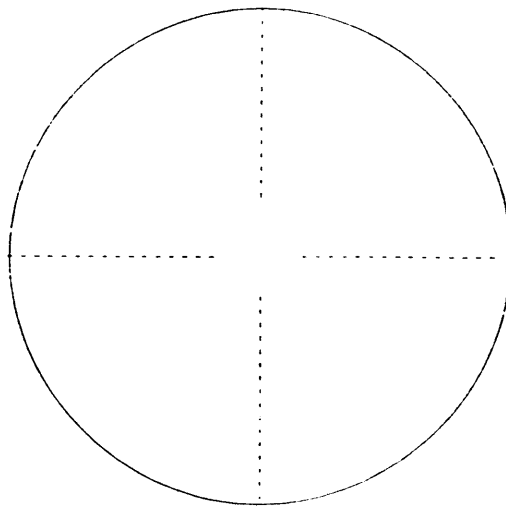
- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)

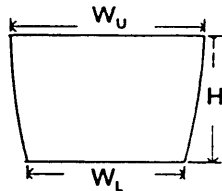


DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W_U) _____ width (W_L) _____

height (H) _____



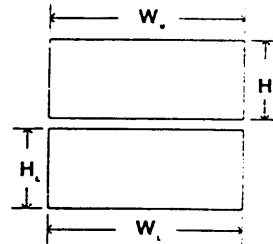
4. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

b. Lower Flap

width (W_U) _____ width (W_L) _____

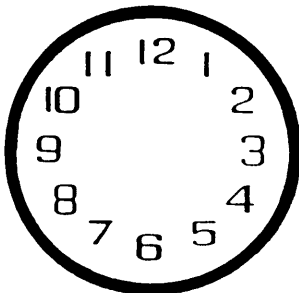
height (H_U) _____ height (H_L) _____

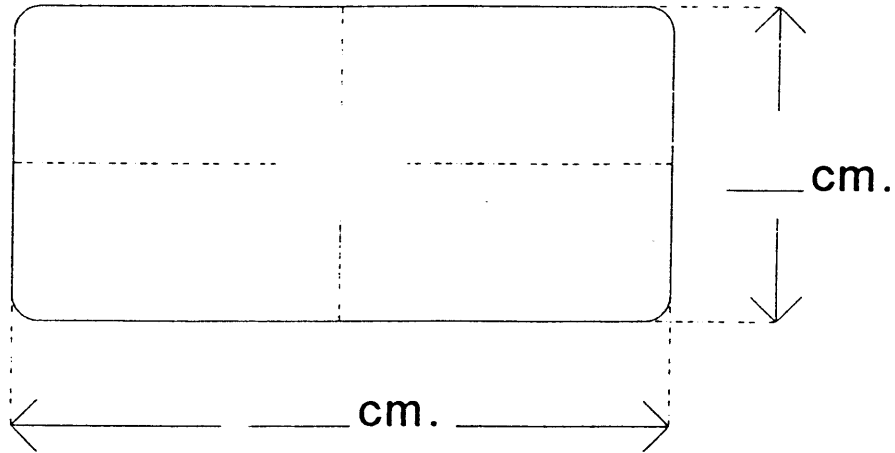
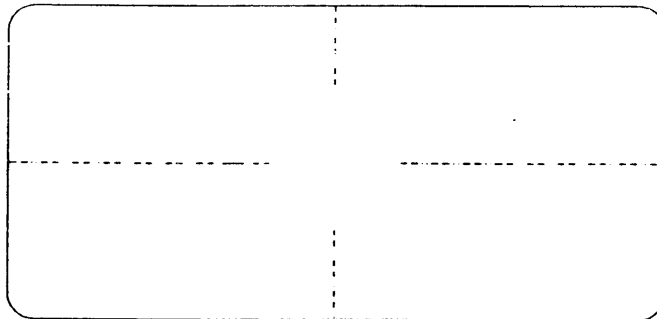


5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



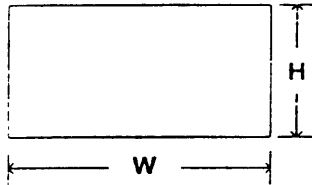
PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES**1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)****2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)**

PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

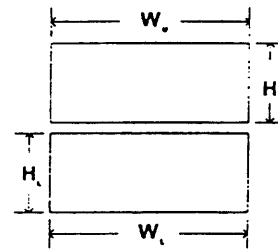
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

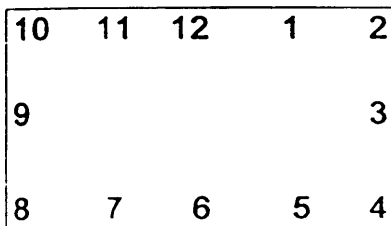
height (H_L) _____



5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	A-Head Restraint Type/Damage	1		1
	B-Seat Type	09		09
	C-Seat Orientation	1		1
	D-Seat Track Position	6		5
	E-Seat Back Incline Pre/Post Impact	23		14
	F-Seat Performance	1		1
SECOND	A-Head Restraint Type/Damage	1		1
	B-Seat Type	02		02
	C-Seat Orientation	1		1
	D-Seat Track Position	1		1
	E-Seat Back Incline Pre/Post Impact	14		14
	F-Seat Performance	1		1
THIRD	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			
OTHER	A-Head Restraint Type/Damage			
	B-Seat Type			
	C-Seat Orientation			
	D-Seat Track Position			
	E-Seat Back Incline Pre/Post Impact			
	F-Seat Performance			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat		N	O	N	E	
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): _____
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): _____
- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): _____

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): _____

- (29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION**A-Head Restraint Type/Damage by Occupant at This Occupant Position**

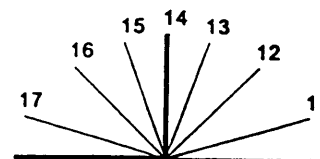
- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): _____
- (9) Unknown

E-Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

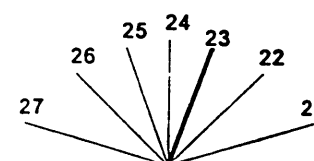
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

**B-Seat Type (this Occupant Position)**

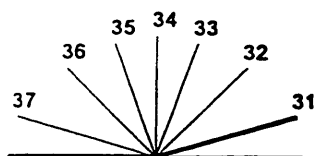
- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____
- (99) Unknown

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

**Completely reclined prior to impact**

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown

**C-Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

D-Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

F-Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Coding diagrams for *Seat Back Incline Position Prior and Post Impact*

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
(2) Partial ejection
(3) Ejection, Unknown degree
(9) Unknown

Ejection Area

- (1) Windshield
(2) Left front
(3) Right front
(4) Left rear
(5) Right rear
(6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
(2) Nonfixed roof structure
(3) Fixed glazing
(4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
(2) Closed
(3) Integral structure
(9) Unknown

ENTRAPMENT No ☒ Yes ☐

Describe entrapment mechanism:

Component(s):

(Note on vehicle interior sketch)

**NASS CDS INTERVIEW FORM:
CASE VEHICLE DRIVER**



U.S. Department of Transportation

National Highway Traffic Safety
Administration

INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM1. Primary Sampling Unit Number 10

Interviewee(s) Role or Name(s):

2. Case Number - Stratum 9618DRIVER & Grandparents3. Vehicle Number 01

Phone number: _____

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

We were leaving [redacted] had stopped at [redacted] and for fireworks. Headed home the other guy had no head lights on. He hit us. We didn't see him it was [redacted] pm. I may have tried to hit brakes. I didn't try to steer either way.

Grandpa - saw van warned [redacted] he crossed then got back over then he crossed again.

Kids almost always buckled up they weren't perfect. like most kids when we left [redacted] was belted. He may have unbuckled belt I don't know.

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

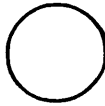
Other guy going about 40?!!

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

What happened afterwards? I grabbed [redacted] out of van. I ran around opened door. When I pulled him out he had one foot in seatbelt. I unbuckled seatbelt pulled him out.

Fire dept took photos

ACCIDENT DIAGRAM



NORTH

Use this diagram to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

Grandma - when I saw him coming I braced w/ my arms against seatback. FX @ wrist chip FX

Grandpa lost approx 12 Days work.

Grandpa went forward hit RF seatback w/ chest (Back-d Rib @ chest)

Grandma 2nd degree burn @ calf. (Friction ABRASION)

~~_____~~ - she was in back. ^{After Accid} she was trying to get my mom out.

Grandpa: I slid door open my wife was laying across seat. when I first saw ~~_____~~ she was standing up between seats. she was belted. she was behind ~~_____~~ my head hurt

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input checked="" type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
TRAVEL DIRECTION?	<input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
LANE?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
ROAD CONDITION?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify)
WEATHER CONDITIONS? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify)
SIGN OR SIGNAL PRESENT? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown
WAS THE CONTROL FUNCTIONING PROPERLY?	<input checked="" type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
SPEED BEFORE THE IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input checked="" type="checkbox"/> 31-40 ³⁵ <input type="checkbox"/> 51-60 <input type="checkbox"/> 70 + <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
BEFORE IMPACT, INTENDING TO ... ? (check all that apply)	<input checked="" type="checkbox"/> Go straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turn left <input type="checkbox"/> Turn right <input type="checkbox"/> Slow down <input type="checkbox"/> Accelerate <input type="checkbox"/> Back up <input type="checkbox"/> Change lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Change lanes to left
CONTROL LOSS DUE TO WEATHER OR MECHANICAL PROBLEMS?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe)
AVOIDANCE ACTIONS?	<input type="checkbox"/> None <input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Other- specify: <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
LOCATION OF VEHICLE AT TIME OF IMPACT?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
SPEED AT THE TIME OF IMPACT? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input checked="" type="checkbox"/> 31-40 ³⁰⁻³⁵ <input type="checkbox"/> 51-60 <input type="checkbox"/> 70 + <input type="checkbox"/> 1-10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
DESCRIBE ALL THE IMPACTS to the vehicle and how this vehicle moved to its stopped position, after the collision?	only 1 impact

VEHICLE INFORMATION**ROLLOVER DATA**

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

☐ YES -- ASK THE FOLLOWING QUESTIONS
 ☒ NO -- SKIP TO "FIRE DATA" BELOW
 ☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

ROLLOVER BEGAN	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
ROLLOVER CAUSE?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
DIRECTION OF VEHICLE ROLL?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
NUMBER OF TURNS	_____ Number of QUARTER TURNS <input type="checkbox"/> Unknown _____ Number of COMPLETE TURNS
PLANE IN CONTACT WITH GROUND AT FINAL REST?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

☐ YES -- ASK THE FOLLOWING QUESTIONS
 ☒ NO -- SKIP THIS SECTION
 ☐ UNKNOWN -- SKIP THIS SECTION

FIRE STARTED, OR SMOKE WAS FIRST SEEN ...	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
FIRE START WITH THE ELECTRICAL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes (specify): _____
FIRE START WITH THE FUEL SYSTEM? <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes -- specify Which part of the fuel system may have been involved? <input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

ADDITIONAL VEHICLE INFORMATION

YEAR, MAKE AND MODEL?	Year: 19 <u>95</u> Make: <u>Dodge</u> Model: <u>CARAVAN</u>
PREVIOUS OR POST-CRASH DAMAGE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
DOORS OR HATCH OPEN DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> HATCH <input type="checkbox"/> OTHER _____ <input type="checkbox"/> Unknown
WINDOWS BREAK DURING THE CRASH?	<input type="checkbox"/> No Check all that apply <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other <input type="checkbox"/> Unknown
WINDOW PRECRASH STATUS	<u>None - A/C ON</u> <input type="checkbox"/> WS ^{open} <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other "O" = open "C" = Closed "P" = partially open "U" = Unknown
GLOVE COMPARTMENT DOOR OPEN DURING THE CRASH?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
CARGO IN THE VEHICLE?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Yes - describe: <u>LAWN CHAIR a couple fireworks</u> <u>- LAWN CHAIR remained in REAR.</u> Approximate weight - <u>10</u> pounds <u>4.5 kg</u>
VEHICLE MILEAGE	_____ miles <input type="checkbox"/> Unknown
IF VEHICLE HAS NOT BEEN INSPECTED	Current location of the vehicle: _____ _____ Contact person: _____
Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location: 	



SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION

Do you recall the type of development in the area of the crash?	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input type="checkbox"/> Light <input checked="" type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: _____
How long have you driven this vehicle?	Years: <u>95</u> Months: <u>14</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>60,000</u>
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input checked="" type="checkbox"/> Twice weekly or 3 <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

WORKS @
Chrysler plant
installing
seats

OCCUPANT DATA QUESTIONS

HOW MANY PEOPLE WERE IN THE VEHICLE AT THE TIME OF THE CRASH?

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	FRONT LEFT	RF in seat	2L
SEX, HEIGHT, WEIGHT, AND AGE? CIRCLE DRIVER'S RACE: <input checked="" type="radio"/> White Black American Indian Eskimo or Aleut Asian or Pacific Islander Other (specify): Unknown	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5' 7 1/2"</u> WEIGHT: <u>132</u> AGE: _____ DRIVER OF HISPANIC ORIGIN? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> U	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>4' 12 1/2"</u> WEIGHT: <u>50</u> AGE: <u>7</u> 	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5' 6"</u> WEIGHT: <u>183</u> AGE: <u>48</u> 
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed A	Indicate all letters that apply and further describe as needed D Hanging over seat	Indicate all letters that apply and further describe as needed A FLOOR. J

OCCUPANT DATA CONTINUED ON NEXT PAGE

National Accident Sampling System-Crashworthiness Data System: Interview Form

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>																																																
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT TRACK, IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input checked="" type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input checked="" type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown																																																
ADJUSTABLE SEAT BACK, IF "YES" WHERE WAS THE BACK PRE AND POST IMPACT	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input checked="" type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input checked="" type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input checked="" type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input checked="" type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input checked="" type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<table border="0"> <tr> <td><u>PRE</u></td> <td><u>POST</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Not adjustable</td> <td><input type="checkbox"/> Not adjustable</td> </tr> <tr> <td><input type="checkbox"/> Completely upright</td> <td><input type="checkbox"/> Completely upright</td> </tr> <tr> <td><input type="checkbox"/> Slightly reclined</td> <td><input type="checkbox"/> Slightly reclined</td> </tr> <tr> <td><input type="checkbox"/> Completely reclined</td> <td><input type="checkbox"/> Completely reclined</td> </tr> <tr> <td><input type="checkbox"/> Slightly forward of upright</td> <td><input type="checkbox"/> Slightly forward of upright</td> </tr> <tr> <td><input type="checkbox"/> Completely forward</td> <td><input type="checkbox"/> Completely forward</td> </tr> <tr> <td><input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Unknown</td> </tr> </table>	<u>PRE</u>	<u>POST</u>	<input checked="" type="checkbox"/> Not adjustable	<input type="checkbox"/> Not adjustable	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Completely upright	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Slightly reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Completely reclined	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Slightly forward of upright	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Completely forward	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
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<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown																																																		
TILT STEERING COLUMN ADJUSTMENT PRIOR TO IMPACT	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Center <input type="checkbox"/> Full down	<input type="checkbox"/> Full up <input checked="" type="checkbox"/> Between center and full down <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full up and center <input type="checkbox"/> Unknown																																																
TELESCOPING STEERING COLUMN PRIOR TO IMPACT	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Midpoint <input type="checkbox"/> Full forward	<input type="checkbox"/> Full back <input type="checkbox"/> Between midpoint and full forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Between full back and midpoint <input type="checkbox"/> Unknown																																																

Did this vehicle have a cellular phone in it during the crash?

☒ No☐ Yes - describe type: _____
(e.g., portable, mounted in vehicle, flip phone, etc.)☐ Unknown*(Note to researcher: try to determine any driver distractions without implying fault)*

Was the driver doing any of the following? (check all that apply - and specify)

- ☒ Talking to or listening to another occupant (specify):
☐ Was there a moving object in vehicle (specify):
☐ Talking or listening on a cellular phone (specify):
☐ Dialing a cellular phone (specify):
☐ Adjusting climate control (specify):
☐ Adjusting radio, CD or cassette player (specify):
☐ Using other device or object in vehicle (specify):
☐ Sleepy / asleep (specify):
☐ Distracted by outside person, object, or event (specify):
☐ Eating or drinking (specify):
☐ Smoking related (specify):
☐ Other (specify):
☐ Unknown

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2-point automatic belt)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe)
ARE ANY BELTS ATTACHED TO THE DOOR? (i.e., 3-point automatic belt)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input checked="" type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input checked="" type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): <i>most of time he did</i> <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input checked="" type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input checked="" type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☒ YES (IF "YES" COMPLETE THIS SECTION)☐ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # <u>2</u>	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION




WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

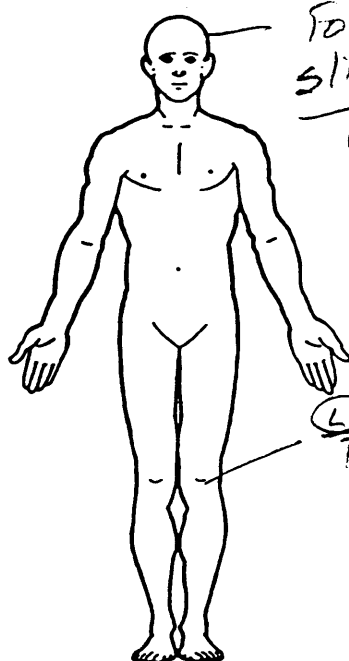
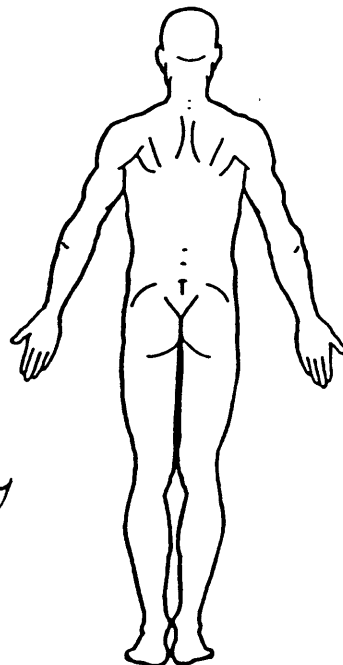
Describe any additional information here:

INJURY INFORMATION

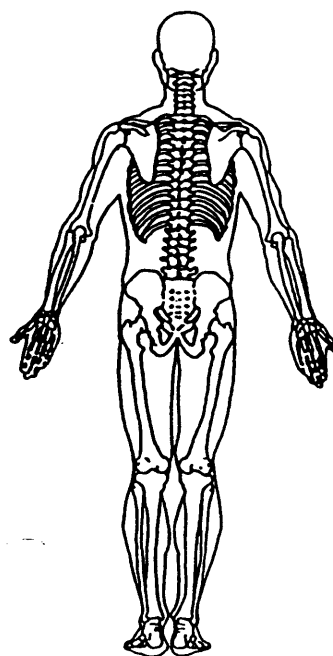
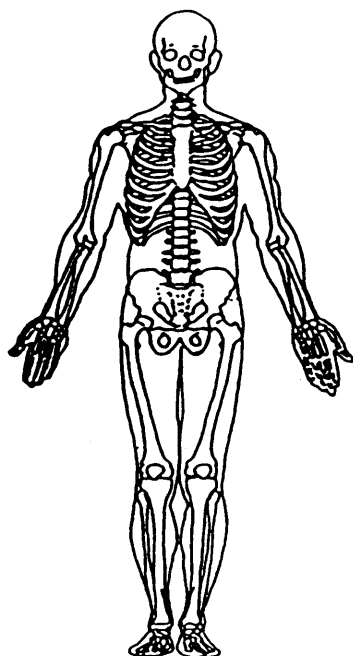
	DRIVER	OCCUPANT # <u>2</u>	OCCUPANT # <u>3</u>
WERE YOU INJURED? ▶ If "YES" go to manikin page and record injuries in detail ▶ If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input checked="" type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input checked="" type="checkbox"/> Head, skull, brain <input checked="" type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other - specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes N/A <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?	 Hosp	 Hosp	 Hosp
RECEIVE ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: _____ <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <u>20 DAYS</u> <input type="checkbox"/> Unknown +	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? <i>* If not an in-person interview, make appointment to have release signed</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number—Stratum 9619 Vehicle Number 01 Occupant Number 01**INJURY DATA FROM INTERVIEWEE(S)**Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVER

SOFT TISSUE/INTERNAL INJURIES

Forehead
slight cut
windshield④ Knee
Bruised.
my legs very
sore

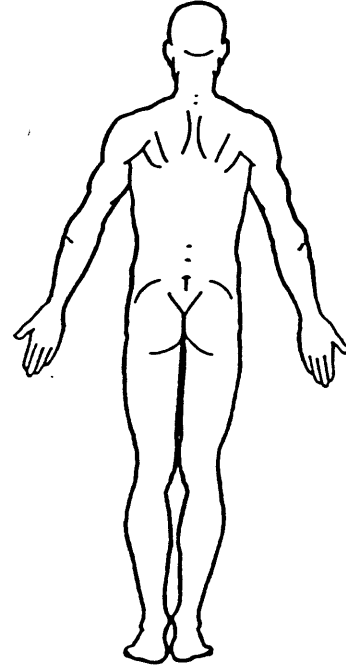
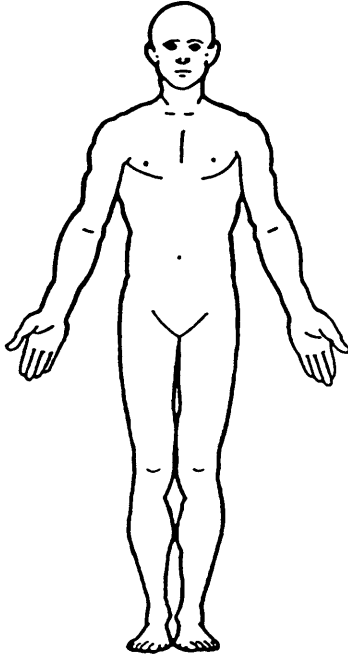
SKELETAL INJURIES



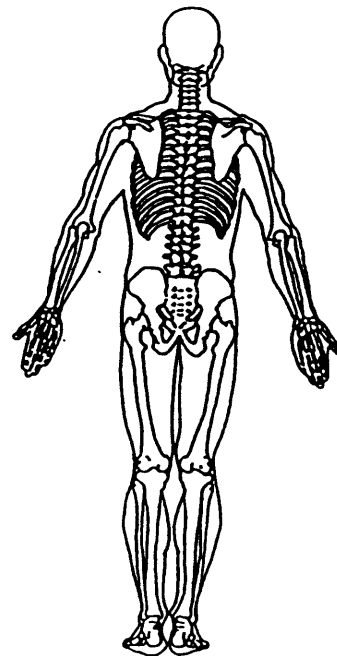
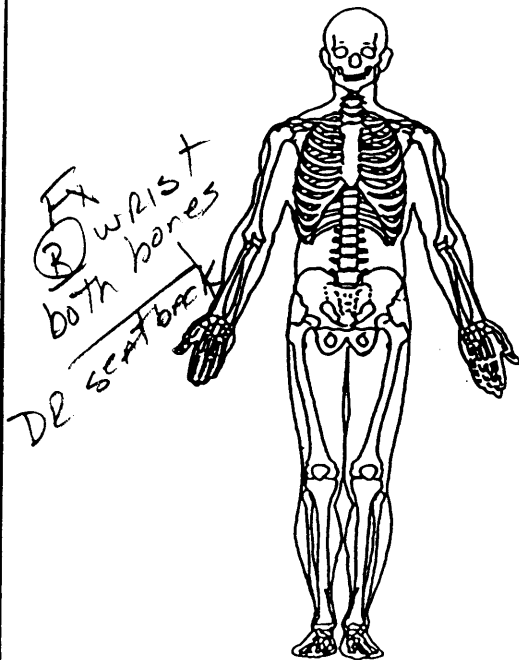
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number-Stratum 9619 Vehicle Number 01 Occupant Number 03**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): GRANDMA

SOFT TISSUE/INTERNAL INJURIES



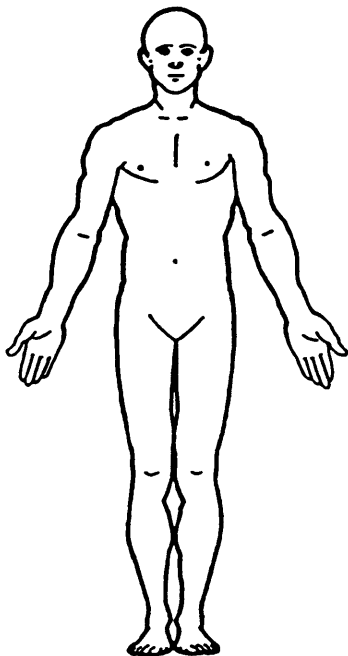
SKELETAL INJURIES



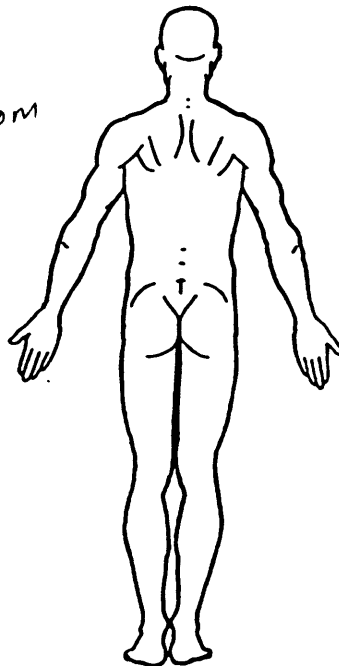
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10Case Number—Stratum 9618Vehicle Number 01Occupant Number 02**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

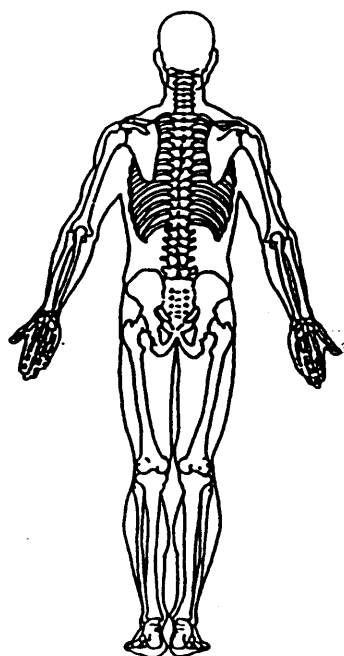
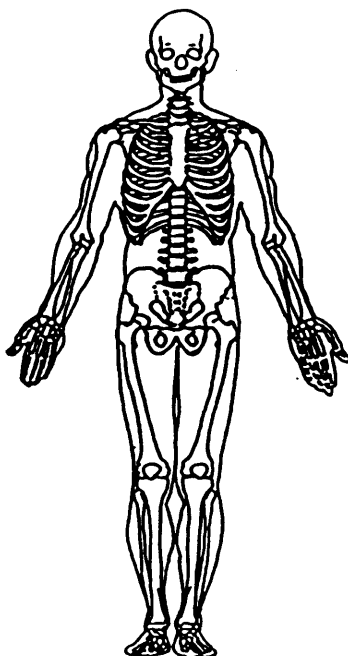
SOFT TISSUE/INTERNAL INJURIES



Bleeding from
ears, nose
mouth
AIR BAG



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT DATA QUESTIONS SUPPLEMENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9618
3. Vehicle Number 01

Interviewee(s) Role or Name(s): DRIVER AND
Grandparent
Phone number: _____

OCCUPANT DATA QUESTIONS

	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # _____
SEATING POSITION? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)	<i>out of position</i>	<u>2M</u>	
SEX, HEIGHT, WEIGHT, AND AGE? <div style="display: flex; justify-content: space-between;"> <div> 127.0 27.7 </div> <div> HEIGHT: <u>50"</u> WEIGHT: <u>61</u> AGE: <u>5</u> </div> </div>	<input checked="" type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5' 11"</u> WEIGHT: <u>205</u> AGE: <u>48</u>	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5' 11"</u> WEIGHT: <u>205</u> AGE: <u>48</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - nk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
OCCUPANT POSTURE A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above

Describe any additional information here:

National Accident Sampling System-Crashworthiness Data System: Occupant Data Questions Supplement

OCCUPANT DATA QUESTIONS (continued)

	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # <u> </u>
FEET AND HANDS/ARMS LOCATION JUST PRIOR TO IMPACT FEET A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown HANDS / ARMS F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed <div style="text-align: center;">A</div> <div style="text-align: center;">J</div>	Indicate all letters that apply and further describe as needed <div style="text-align: center;">A</div> <div style="text-align: center;">N</div>	Indicate all letters that apply and further describe as needed
BACK UP AGAINST THE SEAT BACK?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
ADJUSTABLE SEAT <u>TRACK</u>. IF "YES" WHERE WAS THE TRACK PRIOR TO IMPACT?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
ADJUSTABLE SEAT <u>BACK</u>. IF "YES" WHERE WAS THE <u>BACK</u> PRE AND POST IMPACT	PRE POST <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	PRE POST <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown	PRE POST <input type="checkbox"/> <input type="checkbox"/> Not adjustable <input type="checkbox"/> <input type="checkbox"/> Completely upright <input type="checkbox"/> <input type="checkbox"/> Slightly reclined <input type="checkbox"/> <input type="checkbox"/> Completely reclined <input type="checkbox"/> <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> <input type="checkbox"/> Completely forward <input type="checkbox"/> <input type="checkbox"/> Unknown

RESTRAINT INFORMATION			
	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # <u> </u>
TYPE OF SEAT BELT AVAILABLE NOTE: If a belt is not available for a seat position -- describe reason	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input checked="" type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
DO BELTS MOVE ALONG A MOTORIZED TRACK FOR THIS SEAT? (i.e., 2 - point automatic belt)	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", WERE THEY WORKING PROPERLY?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
DO ANY OF THE BELTS ATTACH TO THE DOOR? (i.e., 3 - point automatic belt)	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes *	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes *
* IF "YES", DOES IT CROSS:	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
OCCUPANT WEARING ANY SEATBELT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
TYPE OF BELT WORN?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
LAP BELT SITUATED?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown
SHOULDER BELT SITUATED?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): 	<input checked="" type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify): 	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):
Describe any breaks, tears, or failures to any of the seat belts:			

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # <u> </u>
ANY PART OF BODY THROWN OUTSIDE THE VEHICLE DURING THE CRASH?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
ANYONE PINNED IN THE VEHICLE?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
HOW DID OCCUPANT(S) EXIT THE VEHICLE?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious, or not oriented to time or place <input type="checkbox"/> Removed due to perceived serious injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:



AIR BAG INFORMATION**WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?**☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____	OCCUPANT # ____ "OTHER" AIR BAG SPECIFY: _____
VEHICLE BEEN IN ANY PREVIOUS CRASHES? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed <u>IF PRIOR DEPLOYMENT</u> <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
TYPE OF AIR BAG?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
PRIOR SERVICE ON THE AIR BAG SYSTEM?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
DID AIR BAG INFLATE DURING THIS CRASH? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
WAS THIS PERSON WEARING ANY TYPE OF EYE-WEAR (EYE/ SUNGLASSES OR CONTACT LENSES) ANY JEWELRY, OR HAVE ANY OBJECTS IN MOUTH OR HAND?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
WAS THE AIR BAG IN THIS POSITION CONTACTED BY ANOTHER OCCUPANT?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Describe any additional information here:			

CHILD SAFETY SEAT INFORMATION**WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?**☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

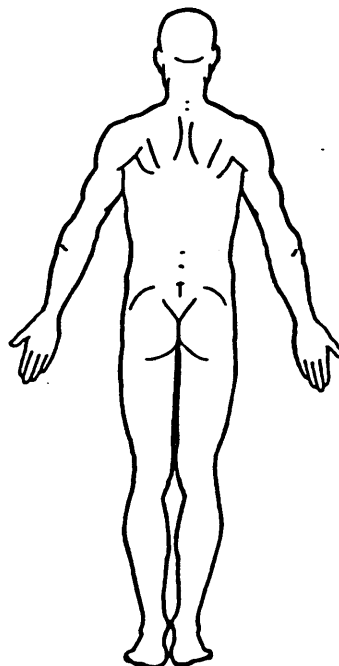
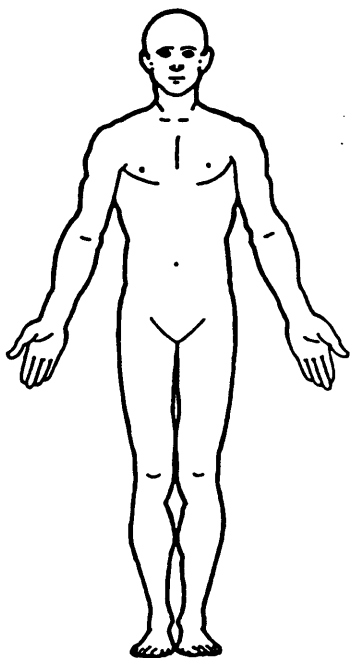
	OCCUPANT # ____	OCCUPANT # ____	OCCUPANT # ____
MAKE AND MODEL OF THE SAFETY SEAT?			
TYPE OF SEAT?	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
DIRECTION FACING PRIOR TO THE CRASH?	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
VEHICLE'S SEAT BELT USED TO HOLD THE SEAT IN PLACE?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
HOW WAS THE VEHICLE'S SEAT BELT SECURED TO THE CHILD SEAT?	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
WHAT WAS THE CHILD SEAT EQUIPPED WITH AT TIME OF PURCHASE?	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
ANY OF THESE ADDED AFTER THEY OWNED THE SAFETY SEAT?	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

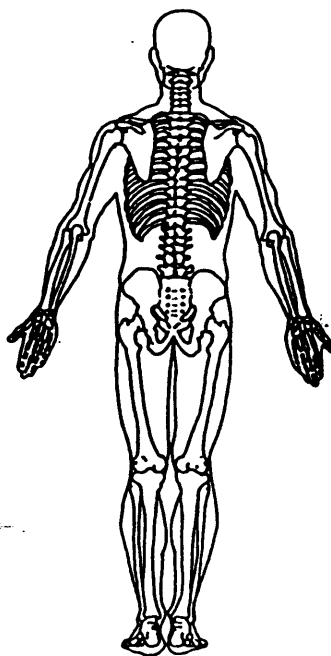
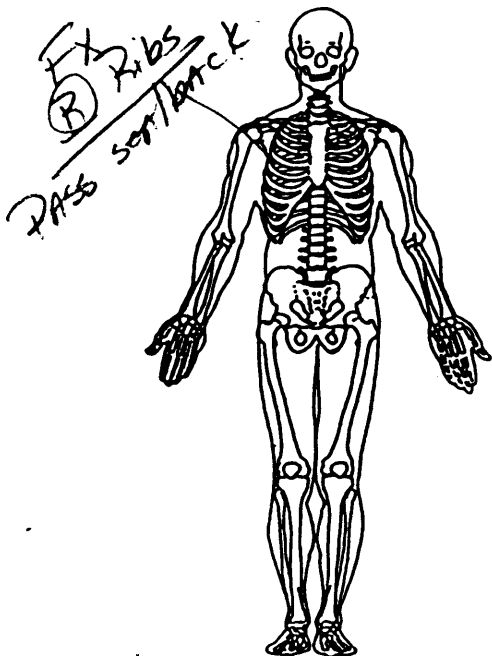
INJURY INFORMATION			
	OCCUPANT # <u>4</u>	OCCUPANT # <u>5</u>	OCCUPANT # <u> </u>
WERE YOU INJURED? • If "YES" go to manikin page and record injuries in detail • If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
DID YOU HAVE ANY OF THE FOLLOWING: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin	<input checked="" type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other specify on manikin
TRANSPORTED DIRECTLY FROM ACCIDENT SCENE FOR TREATMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
RECEIVE ANY MEDICAL TREATMENT? <i>(check all that apply)</i>	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
HOSPITALIZED?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - # of days <u>1</u> <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - # of days <u> </u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - # of days <u> </u> <input type="checkbox"/> Unknown
TREATED AND RELEASED FROM THE EMERGENCY ROOM?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
NAME OF MEDICAL TREATMENT FACILITY?	 <u>Hosp</u>	 <u>Hosp</u>	
RECEIVED ANY FOLLOW-UP TREATMENT?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <u> </u> <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <u> </u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe any additional injuries diagnosed: <u> </u> <input type="checkbox"/> Unknown
LOST ANY DAYS FROM WORK OR SCHOOL (COLLEGE) DUE TO THE CRASH?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <u> </u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - # of days <u>12</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - # of days <u> </u> <input type="checkbox"/> Unknown
IF REQUIRED: WILL YOU SIGN A MEDICAL RELEASE? • If not an in-person interview, make appointment to have release signed	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: <u> </u> TIME: <u> </u> PLACE: <u> </u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: <u> </u> TIME: <u> </u> PLACE: <u> </u>	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: <u> </u> TIME: <u> </u> PLACE: <u> </u>

PSU Number 10 Case Number—Stratum 9619 Vehicle Number 01 Occupant Number 05**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): THIS occup.

SOFT TISSUE/INTERNAL INJURIES



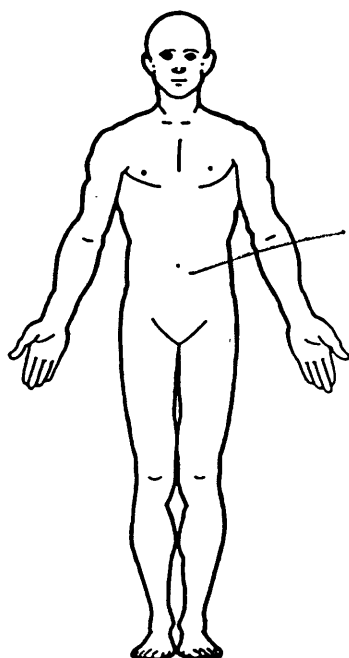
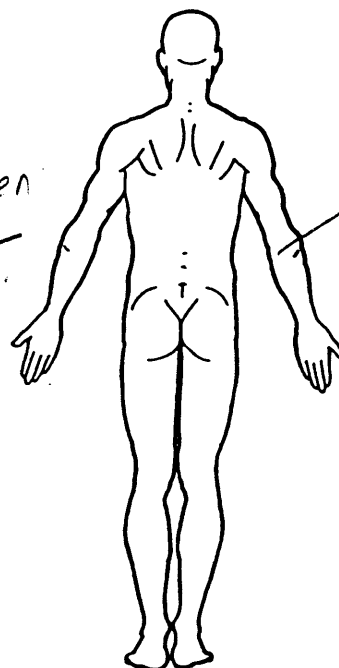
SKELETAL INJURIES



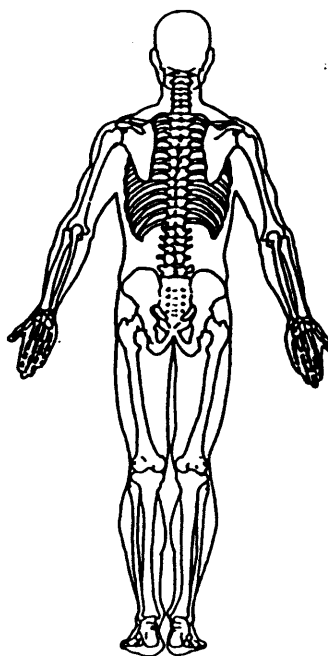
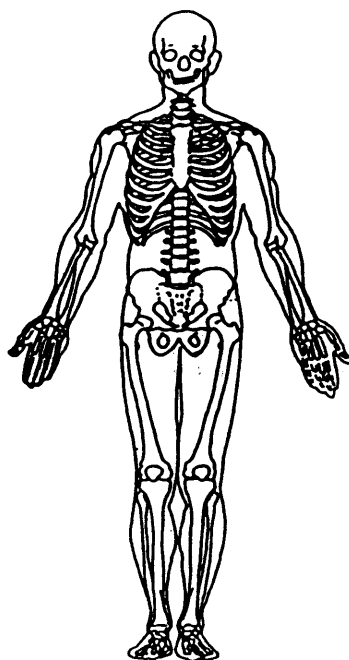
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum 9619 Vehicle Number 01 Occupant Number 04**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): Grandfather,
05

SOFT TISSUE/INTERNAL INJURIES

Stomach
SORE/swollen
seat belt.Elbow
cut/burn
AIR bag

SKELETAL INJURIES



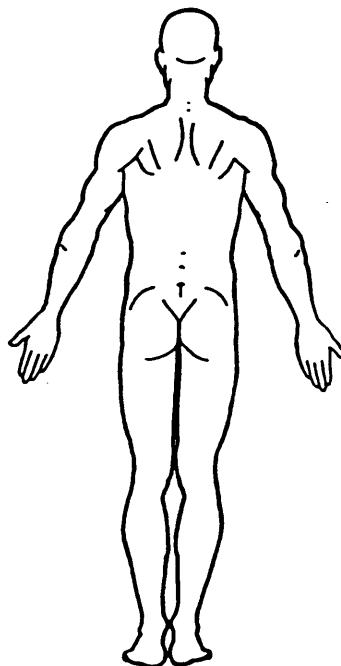
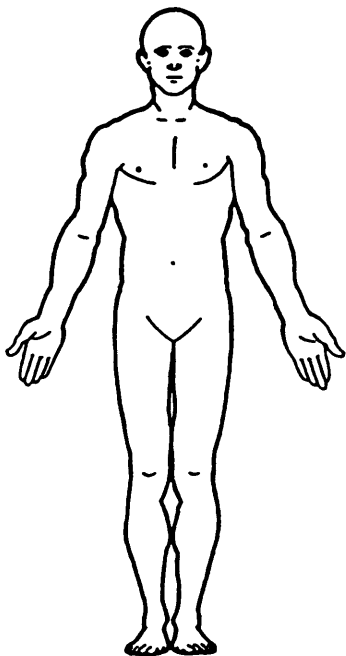
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number-Stratum 96 Vehicle Number _____ Occupant Number _____

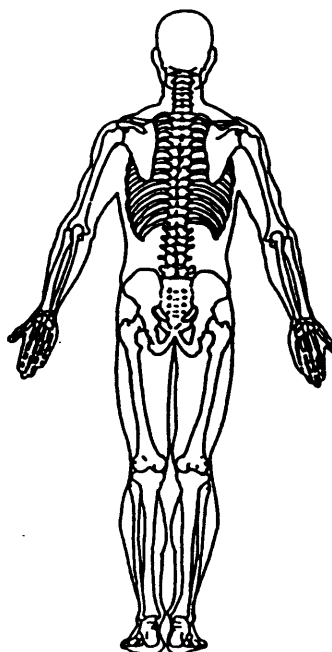
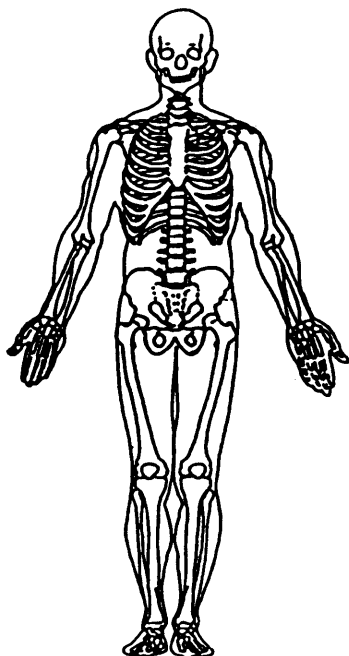
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9618

3. Vehicle Number 01

4. Occupant Number 01

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 24

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 171

Code actual height to the nearest centimeter.

(999) Unknown

67 inches X 2.54 = 171.5 centimeters

8. Occupant's Weight 060

Code actual weight to the nearest kilogram.

(999) Unknown

132 pounds X .4536 = 59.9 kilograms

9. Occupant's Role 1

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 11

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

<p>18. Manual (Active) Belt System Availability <u>4</u></p> <p>(0) None available</p> <p>(1) Belt removed/destroyed</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt available—type unknown</p> <p><i>Integral Belt Partially Destroyed</i></p> <p>(6) Shoulder belt (lap belt destroyed/removed)</p> <p>(7) Lap belt (shoulder belt destroyed/removed)</p> <p>(8) Other belt (specify): _____</p> <p>(9) Unknown _____</p>	<p>22. Manual Shoulder Belt Upper Anchorage Adjustment <u>2</u></p> <p>(0) No manual shoulder belt</p> <p>(1) No upper anchorage adjustment for manual shoulder belt</p> <p><i>Adjustable shoulder Belt Upper Anchorage</i></p> <p>(2) In full up position</p> <p>(3) In mid position</p> <p>(4) In full down position</p> <p>(5) Position unknown</p> <p>(9) Unknown if position has adjustable upper anchorage adjustment</p>
<p>19. Manual (Active) Belt System Use <u>00</u></p> <p>(00) None used, not available, or belt removed/destroyed</p> <p>(01) Inoperative (specify): _____</p> <p>(02) Shoulder belt _____</p> <p>(03) Lap belt _____</p> <p>(04) Lap and shoulder belt _____</p> <p>(05) Belt used—type unknown _____</p> <p>(08) Other belt used (specify): _____</p> <p>(12) Shoulder belt used with child safety seat</p> <p>(13) Lap belt used with child safety seat</p> <p>(14) Lap and shoulder belt used with child safety seat</p> <p>(15) Belt used with child safety seat—type unknown</p> <p>(18) Other belt used with child safety seat (specify): _____</p> <p>(99) Unknown if belt used _____</p>	<p>23. Automatic (Passive) Belt System Availability/Function <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) 2 point automatic belts</p> <p>(2) 3 point automatic belts</p> <p>(3) Automatic belts - type unknown</p> <p><i>Non-functional</i></p> <p>(4) Automatic belts destroyed or rendered inoperative</p> <p>(9) Unknown</p> <p>24. Automatic (Passive) Belt System Use <u>0</u></p> <p>(0) Not equipped/not available/destroyed or rendered inoperative</p> <p>(1) Automatic belt in use</p> <p>(2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____</p> <p>(3) Automatic belt use unknown</p> <p>(9) Unknown</p>
<p>20. Proper Use of Manual (Active) Belts <u>0</u></p> <p>(0) None used or not available</p> <p>(1) Belt used properly</p> <p>(2) Belt used properly with child safety seat</p> <p><i>Belt Used Improperly</i></p> <p>(3) Shoulder belt worn under arm</p> <p>(4) Shoulder belt worn behind back or seat</p> <p>(5) Belt worn around more than one person</p> <p>(6) Lap belt worn on abdomen</p> <p>(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of manual belt system (specify): _____</p> <p>(9) Unknown _____</p>	<p>25. Automatic (Passive) Belt System Type <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Non-motorized system</p> <p>(2) Motorized system</p> <p>(9) Unknown</p> <p>26. Proper Use of Automatic (Passive) Belt System <u>0</u></p> <p>(0) Not equipped/not available/not used</p> <p>(1) Automatic belt used properly</p> <p>(2) Automatic belt used properly with child safety seat</p> <p><i>Automatic Belt Used Improperly</i></p> <p>(3) Automatic shoulder belt worn under arm</p> <p>(4) Automatic shoulder belt worn behind back</p> <p>(5) Automatic belt worn around more than one person</p> <p>(6) Lap portion of automatic belt worn on abdomen</p> <p>(7) Automatic lap and shoulder belt or</p>
<p>21. Manual (Active) Belt Failure Modes During Accident <u>0</u></p> <p>(0) No manual belt used or not available</p> <p>(1) No manual belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor _____</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other manual belt failure (specify): _____</p> <p>(9) Unknown _____</p>	<p>automatic shoulder belt used improperly with child safety seat (specify): _____</p> <p>(8) Other improper use of automatic belt system (specify): _____</p> <p>(9) Unknown _____</p> <p>27. Automatic (Passive) Belt Failure Modes During Accident <u>0</u></p> <p>(0) Not equipped/not available/not in use</p> <p>(1) No automatic belt failure(s)</p> <p>(2) Torn webbing (stretched webbing not included)</p> <p>(3) Broken buckle or latchplate</p> <p>(4) Upper anchorage separated</p> <p>(5) Other anchorage separated (specify): _____</p> <p>(6) Broken retractor _____</p> <p>(7) Combination of above (specify): _____</p> <p>(8) Other automatic belt failure (specify): _____</p> <p>(9) Unknown _____</p>

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 9

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 1

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment 1

(This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 0

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

(0) Not equipped with an "other" air bag

- (1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, details unknown

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

34. Are There Indications of Air Bag System Failure? 1

(This Occupant Position)

- (0) Not equipped/not available
 (1) No

(2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact 026

- (_ 000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_ 996) Deployment, unknown longitudinal Delta V
(_ 997) Not deployed
(_ 998) Unknown if deployed
(_ 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 1

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 01

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

(95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**44. Source of Air Bag Damage 01

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify): _____
- (03) Object carried by occupant, (specify): _____
- (04) Adaptive/assistive controls, (specify): _____
- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify): _____
- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

45. Was The Air Bag Tethered? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps): _____
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

46. Did The Air Bag Have Vent Ports? 2

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports): 2
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

48. Was This Occupant Wearing Eye-wear? 1

- (0) Not air bag equipped/air bag not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 1

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

50. Seat Type (this Occupant Position) 02

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Box mounted seat (i.e., van type)
- (10) Other seat type (specify): _____

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 4

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

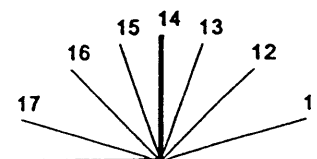
- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 15

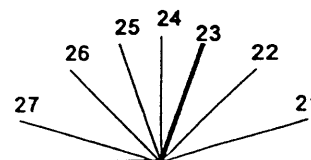
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

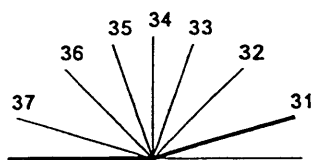
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 5

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 20

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

AND
counting**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 05

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score 15
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1
(0) Not equipped/not available/destroyed or rendered inoperative

- (1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE DRIVER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9619

4. Occupant Number

01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
			Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
Sprain (R) Knee 1st	5. 3	6. 8	7. 5	8. 08	9. 26	10. 2	11. 1	12. 010	13. 2	14. 1	15. 00
Sprain (R) ankle 2nd	16. 3	17. 8	18. 5	19. 02	20. 06	21. 1	22. 1	23. 254	24. 2	25. 1	26. 00
Sprain (L) ankle 3rd	27. 3	28. 8	29. 5	30. 02	31. 06	32. 1	33. 2	34. 251	35. 2	36. 1	37. 00
Laceration, slight 4th fore head	38. 7	39. 2	40. 9	41. 06	42. 02	43. 1	44. 7	45. 001	46. 1	47. 1	48. 00
Contusion (R) knee 5th	49. 7	50. 8	51. 9	52. 04	53. 02	54. 1	55. 2	56. 010	57. 1	58. 1	59. 00
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

OCCUPANT INJURY DATA

	Source of Injury Data	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect				
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity	The exceptions to this rule apply to:		(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	
SOURCE OF INJURY DATA		INJURY SOURCE	DIRECT/INDIRECT INJURY
		CONFIDENCE LEVEL	
<u>OFFICIAL RECORDS</u>		(1) Certain	(1) Direct contact injury
(1) Autopsy records with or without hospital/medical records		(2) Probable	(2) Indirect contact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)		(3) Possible	(3) Noncontact injury
(3) Emergency room records only (including associated X-rays or other lab reports)		(9) Unknown	(7) Injured, unknown source
(4) Private physician, walk-in or emergency clinic			
<u>UNOFFICIAL RECORDS</u>			
(5) Lay coroner report			
(6) E.M.S. personnel			
(7) Interviewee			
(8) Other source (specify):			
(9) Police			

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

• Right knee hit dash (ED)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☒ No (EN, ED)

☐ Yes

Blood Alcohol Level
(mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = 15
(EN)

Units of Blood
Given

Units = ____

Arterial Blood Gases

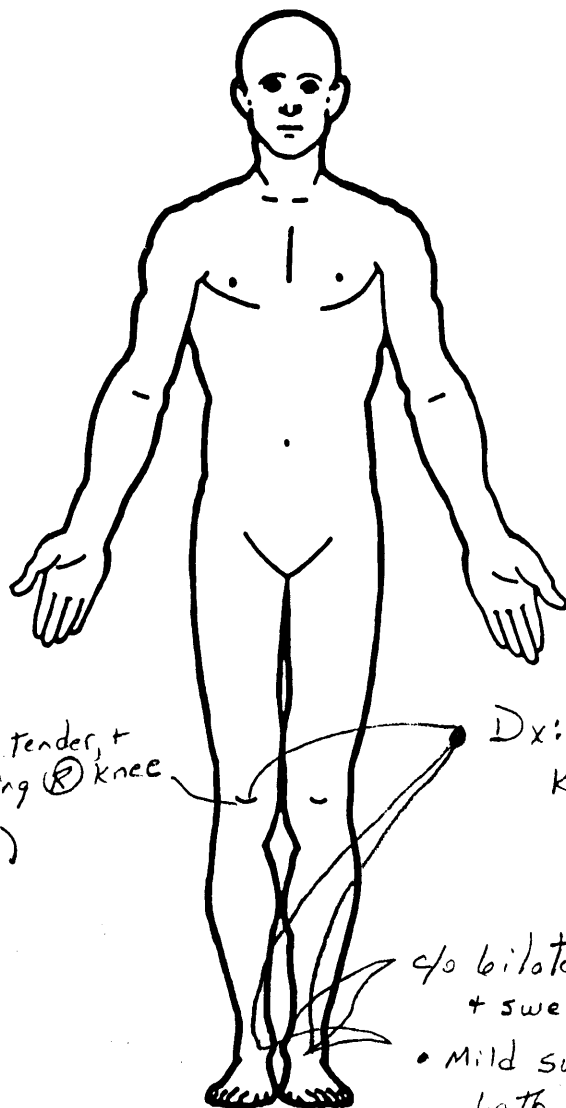
pH = ____

PO₂ = ____

PCO₂ = ____

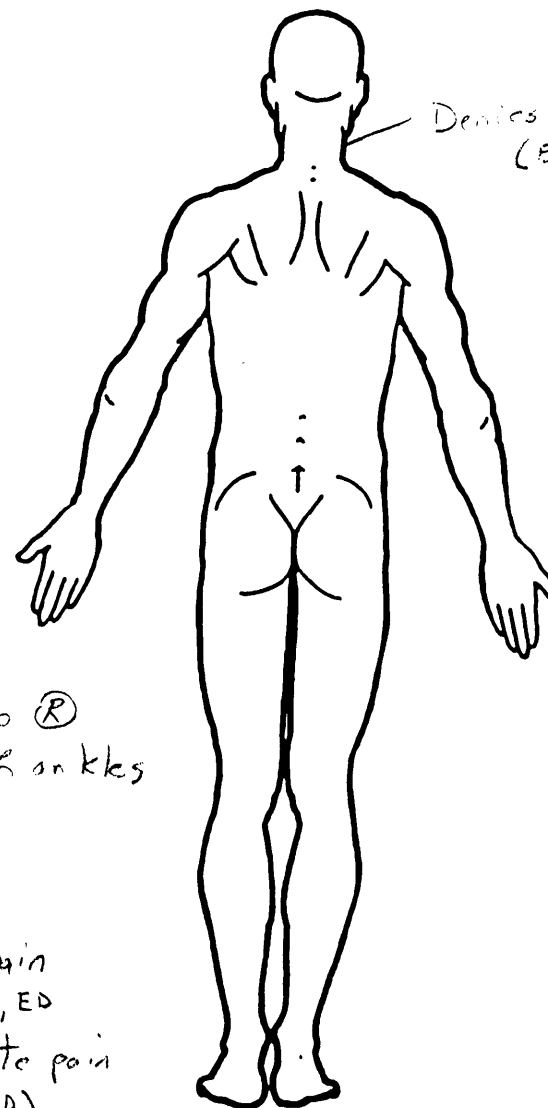
HCO₃ = ____

• No effusion, hematoma,
or fractures (ED)



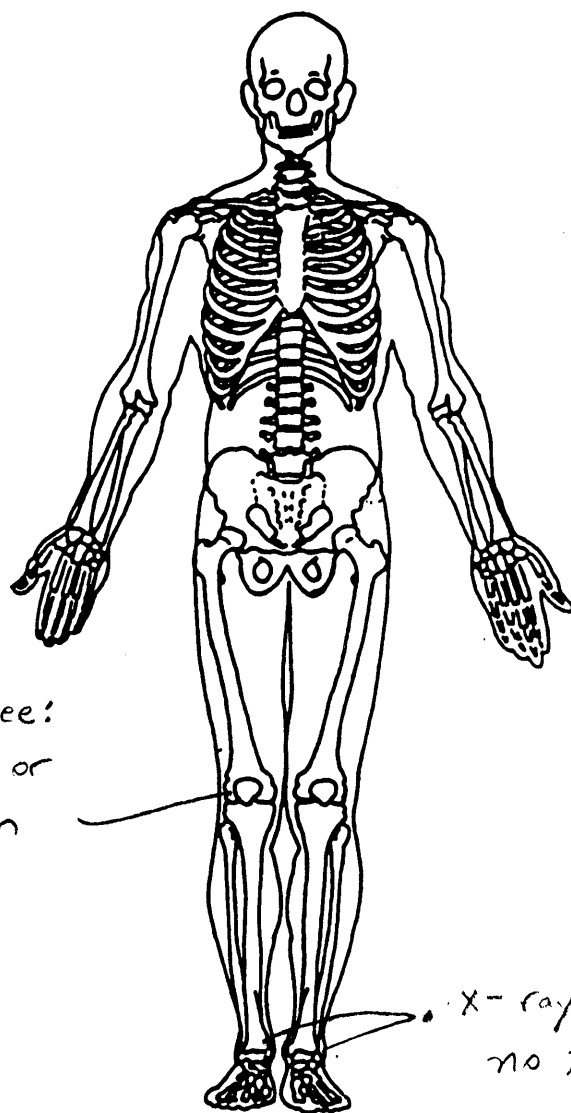
Dx: Sprain to @
Knee + both ankles
(ED)

• No bilateral ankle pain
+ swelling (EN, ED)
• Mild swelling acute pain
both ankles (ED)

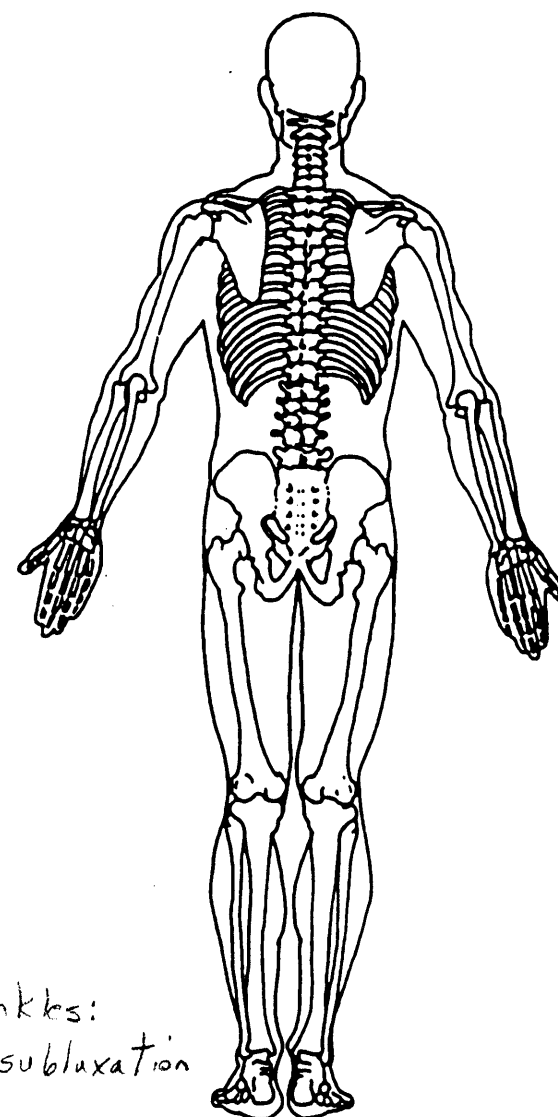


OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



• X-ray (R) Knee:
No fracture or
subluxation
(Ex)



• X-ray (L) + (R) ankles:
no fracture or subluxation
(Ex)

INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

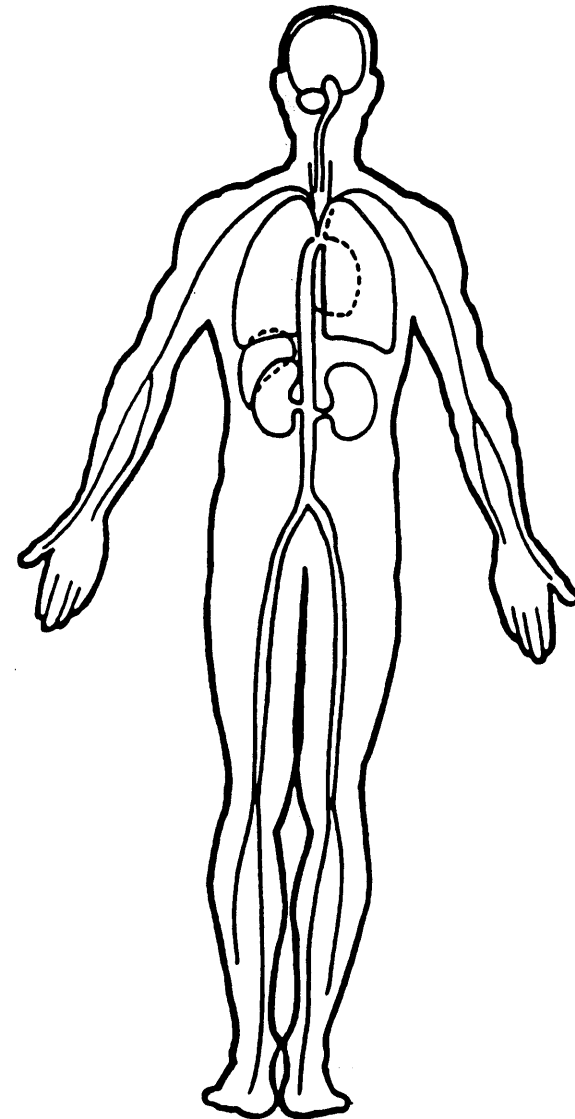
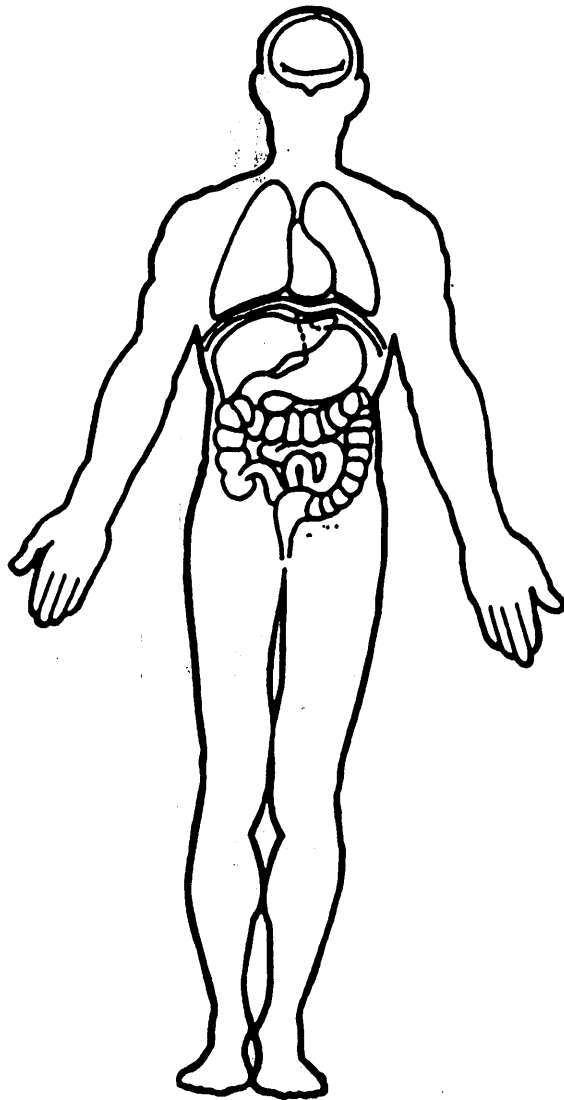
- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Ax 0x 3
(EN)

No LOC
(ED)



CAUSE OF DEATH

ICD-9-CM

844.9 Sprain and strain unspecified site of knee (ER)
 845.0 Sprains + strains ankle, unspecified site (ER)
 E819.0 Motor Vehicle Accident driver (ER)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

MEDICAL RECORDS

ED ROOM NO. TIME

County

EMERGENCY
RECORDFAMILY ☐ YES
HERE? ☐ NO

CHRONIC ILLNESSES					RX ALLERGIES		CURRENT RX	
<input type="checkbox"/> Hayfever	<input type="checkbox"/> Ulcer	<input type="checkbox"/> Cancer	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Steroids				
<input type="checkbox"/> Asthma	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Sulfas	<input type="checkbox"/> Novocaine				
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> None Known	<input type="checkbox"/> Horse Serum	<input type="checkbox"/> None Known				
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney							
TIME	TEMP	PULSE	RESP.	B.P.	DATE OF LAST TETANUS	NURSING ASSESSMENT		
0908	98.1	76	20	120/76		MVC last PM - no seatbelt w/ bilateral ankle pain & swelling C/A to x's good cap. still in lateral ext.		
					WEIGHT	Nurse [redacted] Rf		
<p>cc MVC last night approx 10pm injury both pain Driver & Seatbelt Rf knee hit dash - trying to look ankle John & Smiley to ankle (She has been wacky all night due to her son's fatal injury from MVC) Don't know John NO LOC PE Pain finger & Smiley @ knee mild Smiley Achy pain both ankles MVC Swollen / strain to knee & Ankles (both) 844.9 / 845.00 E 819.0 See Dr next week [redacted] 96 Canvas Ankle Brace (both) Ace wrap Rf knee Dexamet 400 mg PO bid Anagox 25 mg PO bid (X R M F X)</p>								
PHYSICIAN(S): [redacted] 96								
CONSENT TO TREATMENT AND RELEASE OF MEDICAL INFORMATION: The undersigned hereby authorizes the hospital staff to administer those procedures deemed necessary by the emergency described herein, and in conjunction therewith to release any information on this report, and any medical or other records relating to the said patient's admission, confinement, and treatment in the hospital, to any physician, whether on the staff or certifying that he is treating said patient, to any health care agency or similar organization providing care to said patient, to any insurance company or other organization which provides medical or other insurance protection to said patient or his family or to any group of which said patient is a member or to such other parties as I may designate in writing.					ASSIGNMENT OF INSURANCE BENEFITS: I hereby assign to the rendering of services to the below named patient by [redacted] and any attending physicians, all insurance benefits which to the best of my knowledge and belief are payable directly to me or to my family, and I further understand that I remain personally liable for the payment of my bill at any time after my bill becomes due and payable.			
DATE: [redacted] WITNESS: [redacted] SIGNATURE: [redacted] RELATIONSHIP: [redacted]					PATIENT: [redacted] PARENT GUARDIAN: [redacted] DATE: [redacted] INSURED PERSON IF OTHER THAN PATIENT: [redacted] WITNESS: [redacted]			
ADMITTED TO ROOM NO.	TIME	REPORT GIVEN TO FLOOR	TIME	NAME	INITIALS	REGISTRATION DATE & TIME		
						96		
DISCHARGE TIME	MODE	CONDITION ON DISCHARGE	<input checked="" type="checkbox"/> STABLE <input type="checkbox"/> UNCHANGED <input type="checkbox"/> IMPROVED <input type="checkbox"/> OTHER	INSTRUCTIONS				
				[redacted]				
PATIENT NAME & ADDRESS		NEXT OF KIN NAME & ADDRESS		MO				
[redacted] S MO		[redacted] MO		MO				
PHONE		HOME PHONE NO.		MO				
[redacted]		[redacted]		MO				
BIRTHDATE		PATIENT EMPLOYER NAME & ADDRESS		MO				
[redacted]		CHRYSLER		MO				
BROUGHT IN BY		PHONE NO.		MO				
[redacted]		[redacted]		MO				
INSURANCE INFORMATION				GUARANTOR INFORMATION				
PLAN NO. MEDICARE CERTIFICATION NO.		PLAN NO. MEDICARE PLAN NAME		NAME ON CARD		JOB		
[redacted]		[redacted]		[redacted]		[redacted]		
EFFECTIVE DATE		EXPIRATION DATE		CASE ID NO.		GUARANTOR OCCUPATION		
[redacted]		[redacted]		[redacted]		[redacted]		
POLICY		EFFECTIVE DATE		POLICY		EFFECTIVE DATE		
[redacted]		[redacted]		[redacted]		[redacted]		
CHRYSLER				MO				

MISSOURI

Department Of Emergency Medical Services

ORDER SHEET

BM

24

EO

F

96

DR'S SIGNATURE

DATE

E.D. ROOM NO.

LAB				X-RAY			
CALLED		ARRIVED		CALLED		SENT	
ABG'S _____ O2		SGOT		ACUTE ABD		SINUSES	
ACETAMINOPHEN		SGPT		X ANKLE (L) (R) (C)		SKULL	
ALK. PHOS.		TEGRETOL LEVEL		C-SPINE		STERNUM	
AMYLASE		TOTAL BILI		C-SPINE TRAUMA		T-SPINE	
ASPIRIN		TYPE/CROSS _____ # UNITS		CHEST		TIB/FIB L R	
BLOOD SUGAR		THYROID PROFILE		CHEST PORTABLE		WRIST L R	
CALCIUM		THEOPHYLLINE LEVEL		CLAVICLE L R		ULTRASOUND	
CARDIAC ENZYMES		BLOOD CULTURES X _____		ELBOW L R		CALLED	ARRIVED
CBC		RAPID STREP SCREEN		FACIAL BONES			
C7		THROAT CULTURE		FEMUR L R			
CK		STOOL CULTURE		FOREARM L R		RESPIRATORY	
DIGOXIN LEVEL		SPUTUM CULTURE		FOOT L R		CALLED	ARRIVED
DILANTIN LEVEL		GRAM STAIN		HAND L R		MAXIMIST:	
ELECTROLYTES		WOUND CULTURE _____		HIP L R			
ETOH		U.A. CC / CATH.		HUMERUS L R		1ST REPEAT	
GLUCOMETER		URINE, PREG		KUB		2ND REPEAT	
H & H		URINE, CULTURE		X KNEE L (R) (C)		PEAKFLOW PRE/POST	
LDH		URINE, DRUG SCREEN		L-SPINE			
LIVER ENZYMES		CHLAMYDIA _____		NASAL BONES			
MAGNESIUM		G.C. CULTURE _____		NECK (SOFT TISSUE)			
MONO		HANGING DROP		ORBITS			
PHENOBARB				PANALIPSE			
PT/PTT				PELVIS			
SED. RATE (ESR)				SHOULDER L R			
PACKAGES				EKG		C.T.	
THROMBOLYTIC PACKAGE		CALLED		ARRIVED		CALLED	
O.D. PACKAGE						ARRIVED	
						BRAIN	
						ABD	

X-RAY REPORT

FAMILY NAME [REDACTED]		FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	ROOM NO. [REDACTED]	HOSP. NO. [REDACTED]
<input type="checkbox"/> Treatment of <input type="checkbox"/> Examination of		NAME - PART RT ANKLE <i>ankles</i>	SEX M (F)	AGE - YEARS 24	X-RAY NO. [REDACTED]
ATTENDING PHYSICIAN [REDACTED]			DATE [REDACTED]/96	O.P.D. NO. [REDACTED]	

REPORT:

[REDACTED] 96

LEFT ANKLE

No fracture or subluxation is seen in the left ankle.

RIGHT ANKLE

No fracture or subluxation is seen in the right ankle.

[REDACTED]

[REDACTED] 1996

SIGNATURE OF RADIOLOGIST

X-RAY REPORT

FAMILY NAME [REDACTED] IE		FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	ROOM NO. [REDACTED]	HOSP NO. [REDACTED]
<input type="checkbox"/> Treatment of <input type="checkbox"/> Examination of		NAME - PART RT ANKLE LT ANKLE R. Knee		SEX M (F)	AGE - YEARS 24
ATTENDING PHYSICIAN [REDACTED]				DATE [REDACTED] 96	X-RAY NO. [REDACTED]
				O.P.D. NO.	

REPORT: [REDACTED] /96

RIGHT KNEE

No fracture or subluxation is seen in the right knee.

[REDACTED]
[REDACTED] 1996

SIGNATURE OF RADIOLOGIST

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE RIGHT FRONT PASSENGER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9618

3. Vehicle Number 01

4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 04

Code actual age at time of accident.

(00) Less than one year old (specify by month): _____

(97) 97 years and older _____

(99) Unknown

6. Occupant's Sex 1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 122

Code actual height to the nearest
centimeter.

(999) Unknown

48 inches X 2.54 = 121.9 centimeters

8. Occupant's Weight 023

Code actual weight to the nearest
kilogram.

(999) Unknown

50 pounds X .4536 = 22.7 kilograms

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 13

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): _____

(99) Unknown

11. Occupant's Posture 9

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

1

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 3

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 9

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 2

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System Availability/Function (This Occupant Position) 1

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 1

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? 1

- (This Occupant Position)
 (0) Not equipped/not available

- (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 1

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 1

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 1

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 01

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 1

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact 026

- (_ 000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_ 996) Deployment, unknown longitudinal Delta V
(_ 997) Not deployed
(_ 998) Unknown if deployed
(_ 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 2

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 2

- (0) Not equipped/not available
(1) No
(2) Yes (specify): SKIN TRANSFER
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 03

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage GLASS

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 88
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
windshield
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 2
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
2
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 1
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
Other Second Seated Occupant
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 1
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

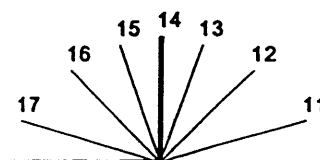
49. Head Restraint Type/Damage by Occupant at This Occupant Position 1
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 02
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 5
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 15

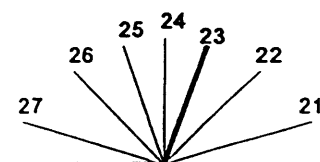
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

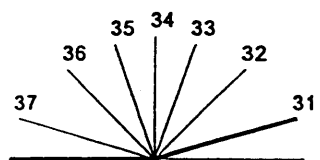
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 5

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 03

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0168. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 05

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score 03

(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 2

(1) No - blood not given

(2) Yes - blood given

(specify units): 4

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 15

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃

(96) ABGs reported, HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

Base Excess -11.1
Lowest Base Excess -13.4

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used

**NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE RIGHT FRONT PASSENGER**



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9619</u>	4. Occupant Number	<u>02</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
Concussion 1st	5. <u>3</u>	6. <u>1</u>	7. <u>6</u>	8. <u>08</u>	9. <u>24</u>	10. <u>5</u>	11. <u>0</u>	12. <u>180</u>	13. <u>1</u>	14. <u>2</u>	15. <u>00</u>
Scalp											
Laceration 2nd	16. <u>3</u>	17. <u>1</u>	18. <u>9</u>	19. <u>06</u>	20. <u>00</u>	21. <u>1</u>	22. <u>6</u>	23. <u>016</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
Scalp occipital											
Abrasion 3rd	27. <u>3</u>	28. <u>2</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>8</u>	34. <u>180</u>	35. <u>1</u>	36. <u>1</u>	37. <u>00</u>
Chin											
Contusion 4th	38. <u>3</u>	39. <u>2</u>	40. <u>9</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>8</u>	45. <u>180</u>	46. <u>1</u>	47. <u>1</u>	48. <u>00</u>
Chin											
Abrasions 5th	49. <u>3</u>	50. <u>3</u>	51. <u>9</u>	52. <u>02</u>	53. <u>02</u>	54. <u>1</u>	55. <u>5</u>	56. <u>180</u>	57. <u>1</u>	58. <u>1</u>	59. <u>00</u>
Neck											
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

		A.I.S. - 90							Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source			
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive	(1) Right
(2) Face		two-digit numbers beginning with 02.	(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00	(5) Anterior
(6) Spine		is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure.	(6) Posterior
(7) Upper Extremity		99 is assigned to any injury NFS as to lesion or severity.	(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u>		
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u>		
(5) Lay coroner report		
(6) E.M.S. personnel		
(7) Interviewee		
(8) Other source (specify): _____		
(9) Police		

Size: 720 kg (TF)

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Air Bag
deployed
(ED, TF, HP)

Restrained?

✓ No (EN, ED, TF)
 — Yes
 ✓ UNK (ET)

Blood Alcohol Level
(mg/dl)

BAL =

Glasgow Coma
Scale Score

GCSS = 35

(TF)

Units of Blood
Given

Units = 4
 (LR Ø)

Arterial Blood Gases

pH = 7.21 7.13 7.25 7.14

PO₂ = 42 42 123 26PCO₂ = 41 48 34 58HCO₃ = 16 16 15 20

Base Excess -10.6 -13.4 -11.1 -10.0

[LR1] [LR2] [LR3] [LR4]
 [PP] [PP]

- Passenger front without seat belt (EN, ED, TF, HP)
- ejected from vehicle (EN, TF)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Ejected through windshield (TF)

- Head hit windshield (ED, HP)

- Softness to back of head (ET)

Laceration, large, occipital (TF)

- Blood stained occipital scalp (ED, ET)

- Bleeding from both ears (ET)

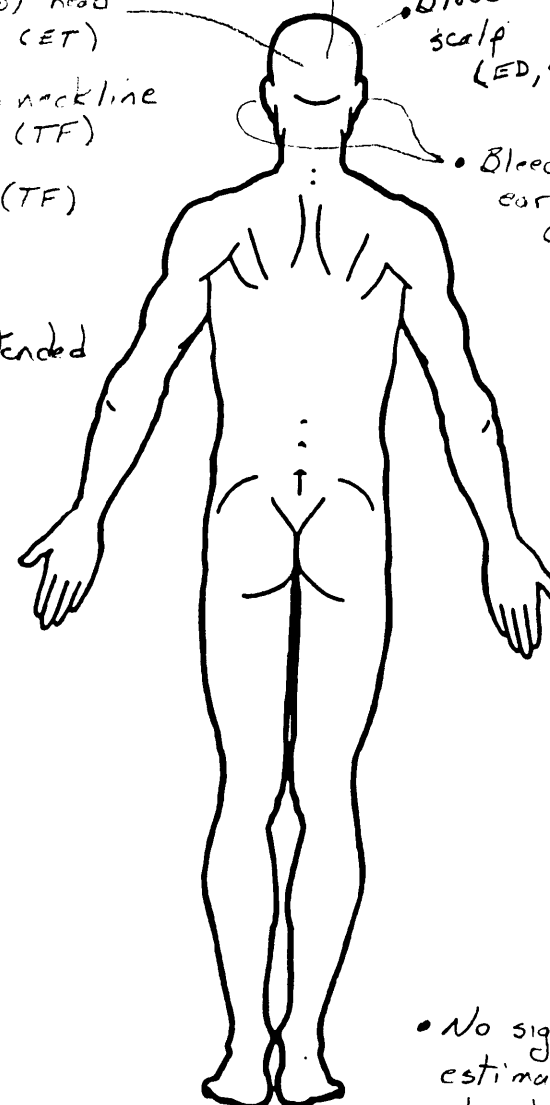
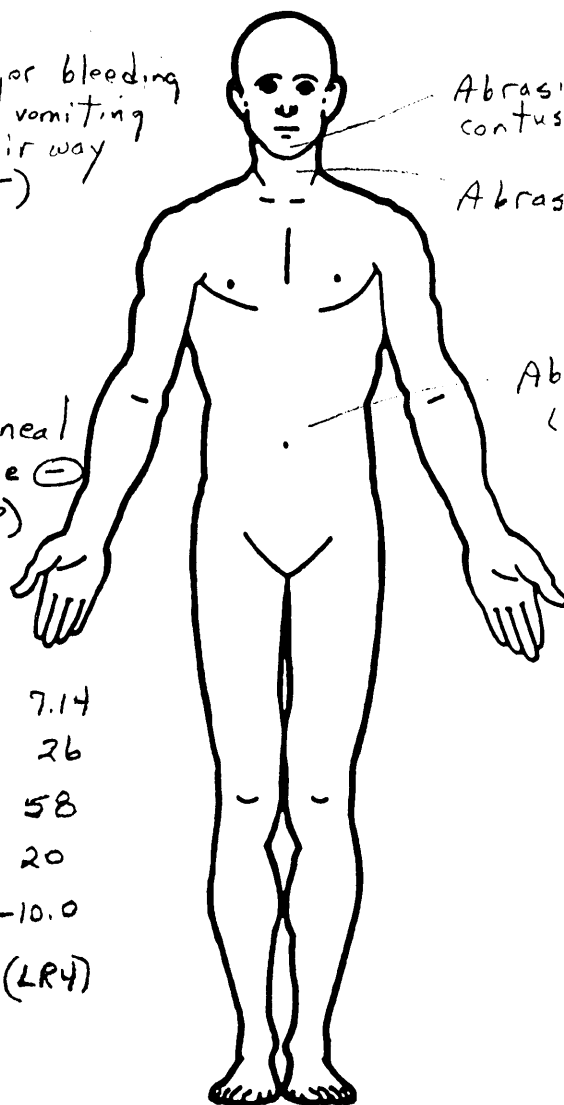
Abrasions and contusions chin to neckline (TF)

Abrasions neck (TF)

Abdomen distended (ED)

- Major bleeding with vomiting in air way (ET)

- Peritoneal lavage ⊖ (ED, HP)



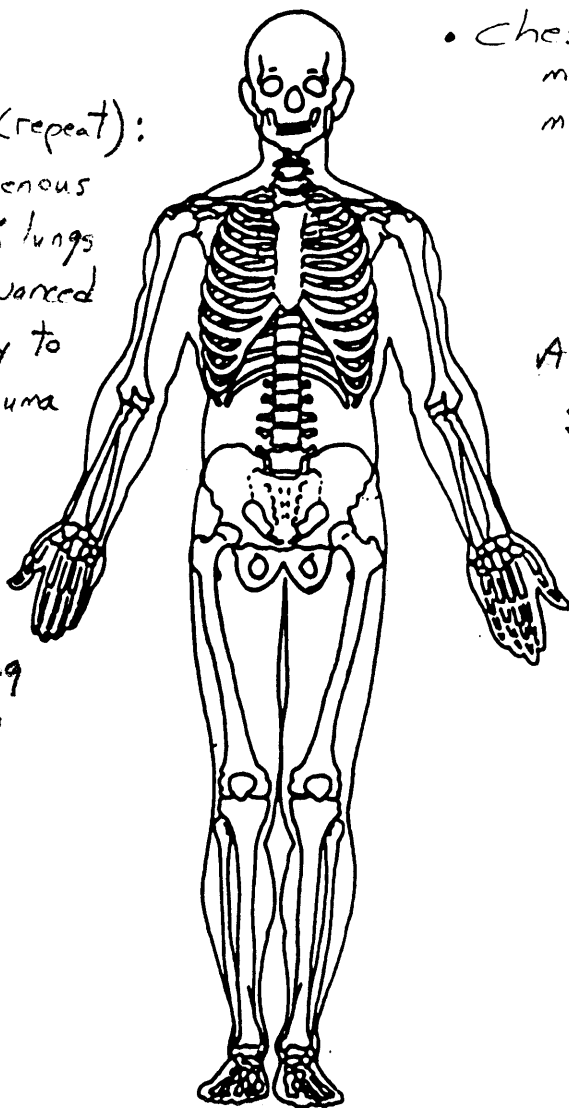
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- closed fracture, not specified as to location (TF)

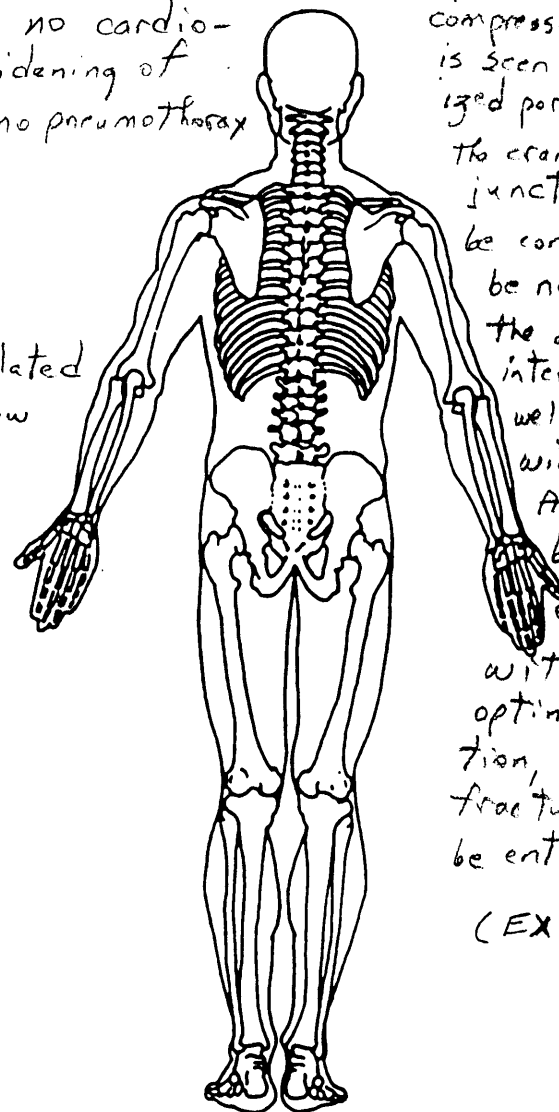
- Chest X-ray (repeat): bilateral homogenous density in both lungs secondary to advanced ARDS secondary to neurogenic trauma (HP, EX2)

- Extensive bilateral lung opacification (EX3)



- Chest X-ray: no cardiomegally, no widening of mediastinum, no pneumothorax (HP, EX1)

Abdomen: dilated gastric shadow (HP)



- C-Spine: sub-optimal; no obvious compression deformity is seen in the visualized portion; the craniovertebral junction cannot be confirmed to be normal; the atlantodental interval is not well seen and widening of ADI cannot be entirely excluded; with this sub-optimal examination, cervical spine fractures cannot be entirely excluded (EX4)

INJURY SOURCES

FRONT			
(001) Windshield	(102) Right side hardware or armrest	(183) Air bag-passenger side and object held	(411) Wall mounted head rest (used behind wheel chair)
(002) Mirror	(103) Right A (A1/A2)-pillar	(184) Air bag-passenger side and object in mouth	(412) Other adaptive device (specify): _____
(003) Sunvisor	(104) Right B-pillar	(185) Air bag compartment cover-passenger side	
(004) Steering wheel rim	(105) Other right pillar (specify): _____	(186) Air bag compartment cover-passenger side and eyewear	EXTERIOR of OCCUPANT'S VEHICLE
(005) Steering wheel hub/spoke	(106) Right side window glass	(187) Air bag compartment cover-passenger side and jewelry	(451) Hood
(006) Steering wheel (combination of codes 004 and 005)	(107) Right side window frame	(188) Air bag compartment cover-passenger side and object held	(452) Outside hardware (e.g., outside mirror, antenna)
(007) Steering column, transmission selector lever, other attachment	(108) Right side window sill	(189) Air bag compartment cover-passenger side and object in mouth	(453) Other exterior surface or tires (specify): _____
(008) Cellular telephone or CB radio	(109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(190) Other air bag (specify)	(454) Unknown exterior objects
(009) Add on equipment (e.g., tape deck, air conditioner)	(110) Other right side object (specify): _____	(195) Other air bag compartment cover (specify)	EXTERIOR OF OTHER MOTOR VEHICLE
(010) Left instrument panel and below	INTERIOR		(501) Front bumper
(011) Center instrument panel and below	(151) Seat, back support		(502) Hood edge
(012) Right instrument panel and below	(152) Belt restraint webbing/buckle		(503) Other front of vehicle (specify): _____
(013) Glove compartment door	(153) Belt restraint B-pillar or door frame attachment point		
(014) Knee bolster	(154) Other restraint system component (specify): _____	ROOF	(504) Hood
(015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)	(155) Head restraint system	(201) Front header	(505) Hood ornament
(016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)	(160) Other occupants (specify): _____	(202) Rear header	(506) Windshield, roof rail, A-pillar
(017) Windshield reinforced by exterior object (specify)	(161) Interior loose objects	(203) Roof left side rail	(507) Side surface
	(162) Child safety seat (specify): _____	(204) Roof right side rail	(508) Side mirrors
		(205) Roof or convertible top	(509) Other side protrusions (specify): _____
(019) Other front object (specify): _____	(163) Other interior object (specify): _____	FLOOR	(510) Rear surface
	AIR BAG	(251) Floor (including toe pan)	(511) Undercarriage
LEFT SIDE	(170) Air bag-driver side	(252) Floor or console mounted transmission lever, including console	(512) Tires and wheels
(051) Left side interior surface, excluding hardware or armrests	(171) Air bag-driver side and eyewear	(253) Parking brake handle	(513) Other exterior of other motor vehicle (specify): _____
(052) Left side hardware or armrest	(172) Air bag-driver side and jewelry	(254) Foot controls including parking brake	(514) Unknown exterior of other motor vehicle
(053) Left A (A1/A2)-pillar	(173) Air bag-driver side and object held	REAR	OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT
(054) Left B-pillar	(174) Air bag-driver side and object in mouth	(301) Backlight (rear window)	(551) Ground
(055) Other left pillar (specify): _____	(175) Air bag compartment cover-driver side	(302) Backlight storage rack, door, etc.	(598) Other vehicle or object (specify): _____
(056) Left side window glass	(176) Air bag compartment cover-driver side and eyewear	(303) Other rear object (specify): _____	(599) Unknown vehicle or object
(057) Left side window frame	(177) Air bag compartment cover-driver side and jewelry	ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT	NONCONTACT INJURY
(058) Left side window sill	(178) Air bag compartment cover-driver side and object held	(401) Hand controls for braking/acceleration	(601) Fire in vehicle
(059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.	(179) Air bag compartment cover-driver side and object in mouth	(402) Steering control devices (attached to OEM steering wheel)	(602) Flying glass
(060) Other left side object (specify): _____	(180) Air bag-passenger side	(403) Steering knob attached to steering wheel	(603) Other noncontact injury source (specify): _____
	(181) Air bag-passenger side and eyewear	(405) Replacement steering wheel (i.e., reduced diameter)	(604) Air bag exhaust gases
RIGHT SIDE	(182) Air bag-passenger side and jewelry	(406) Joy stick steering controls	(697) Injured, unknown source
(101) Right side interior surface, excluding hardware or armrests		(407) Wheelchair tie-downs	
		(408) Modification to seat belts, (specify): _____	
		(409) Additional or relocated switches, (specify): _____	
		(410) Raised roof	

OFFICIAL INJURY DATA — INTERNAL INJURIES

• Hypotensive (HP)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Arrived unresponsive (EN, ED, TF)

• Unresponsive @ scene (PP, ET)

• Head Injury (EN, ED, HP)

• No spontaneous respirations (PP)

• No response to stimuli (PP)

⊕ LOC @ scene (EN, ED, TF, HP, ET)

• Pupils fixed + dilated in ER

(ED, TF, HP, PP)

• Previously noted posturing became no spontaneous motor response (HP)

• At one point ⊕ pupil constricted and became irregular, ⊕ pupil remained fixed and dilated (HP)

• Pt gradually, slowly, went downhill. ⊕ pupil became fixed + dilated (HP)

• Atelectasis of ⊕ lung (EX3)

• Pulmonary edema secondary to neurogenic trauma (HP, PP)

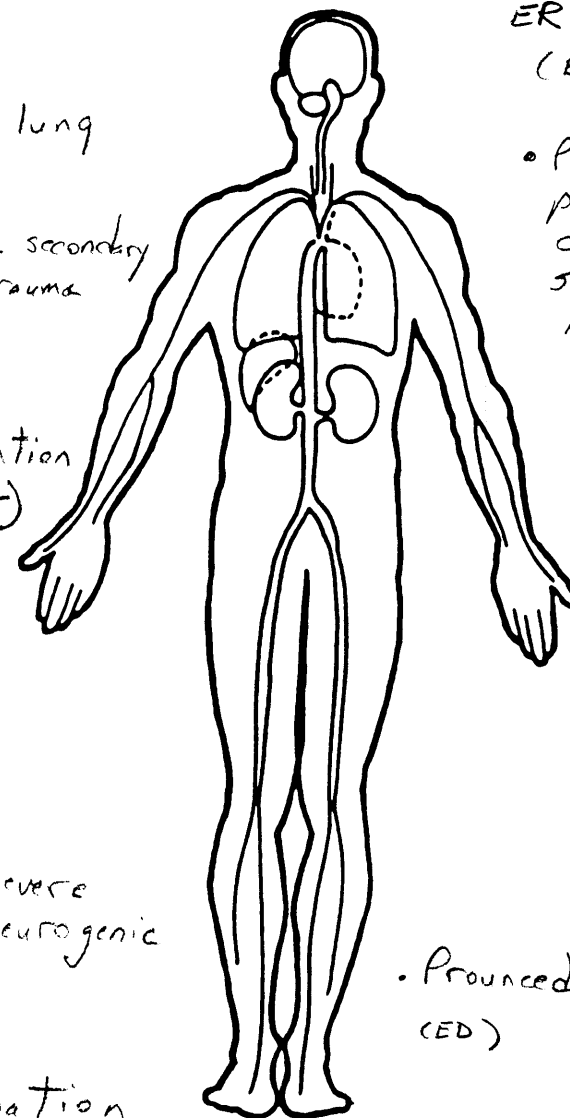
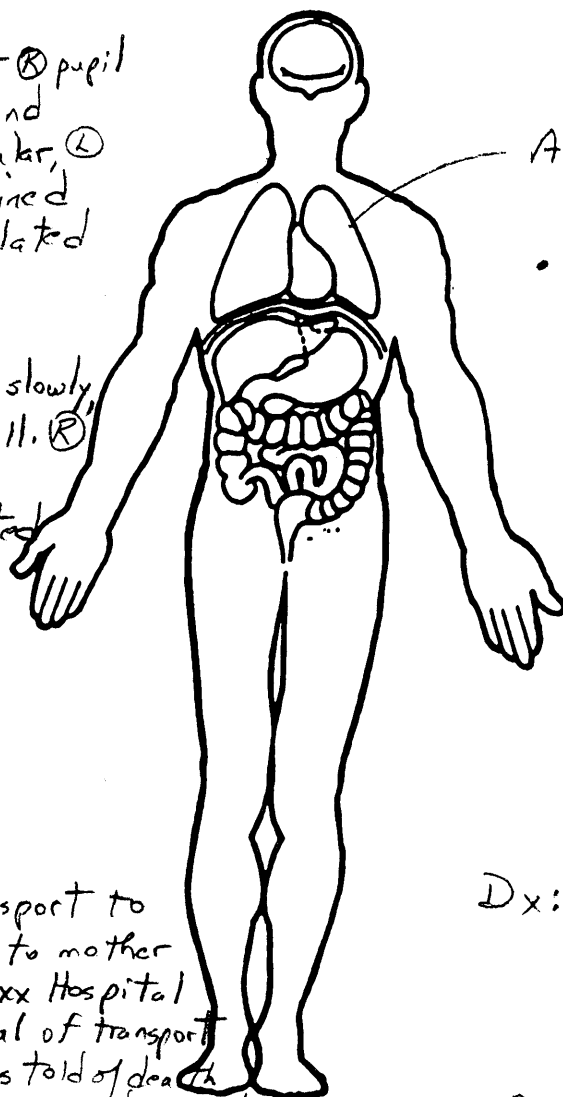
• Gastric distention (EX1, EX3, ET)

Dx: MVA with severe head injury + neurogenic shock (HP)

• Organ + Tissue Donation declined (OD)

• Pronounced dead 1:05 a.m. (ED)

• Delayed transport to morgue due to mother leaving for XXX Hospital prior to arrival of transport team. She was told of death on arrival at XXX and requested we hold in ER for her to see (ED)



CAUSE OF DEATH

Possible Brainstem herniation secondary to severe head injury (PP)

ICD-9-CM

854.02 Intracranial injury without open wound with brief loss of consciousness (ER)

54.25 ? Probably peritoneal lavage
 57.94 Insertion of indwelling urinary catheter
 96.04 Insertion of endotracheal tube
 E812.1 MVA involving passenger } (ER)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)
TF = Pediatric Trauma Flow Sheet OD = Organ + Tissue Donation Record PP = Physician Progress Notes LR = Laboratory Record	

PEDIATRIC TRAUMA FLOW SHEET Today's Date: /96

ON-STAFF DOCTOR

larges

Medications

Weight 50# Kg/Lb

PRE-HOSPITAL Mech. of Injury: Mode of Arrival Spine Immobilized YES ☒ NO ☐ Splints: 0

EMERGENCY DEPARTMENT Last Tetanus: ? Family Here Yes ☒ No ☐ Time Notified: Name:

History: MVC passenger front seat 3 seat belt air bag deployed, ejection through windshield. Found at scene unconscious, unresponsive Resp 4 - . Arrous unresponsive ET at 100% O2 at to SR. placed in spinal motion restriction collar 19

PEDIATRIC GLASGOW SCALE		Arrive	30 Min	1 Hr.	VITAL		SIGNS		Manual	
Eyes Open	4= Spontaneous	1	1	1	TIME	TEMP	PULSE	RESPS	BP	PULSE OX
	3=Voice					94%R	60	<u>oral airway bagged</u>	90/60	
	2=Paln						52	<u>oral airway bagged</u>	90/60	
	1=None									
Verbal	5=Oriented/Babbles	1	1	1			59	<u>ET tube bagged</u>	88/50	SpO2 98.5
	4=Confused/Irritable Cry						50	<u>20% air bagged</u>	78/52	
	3=Inapp. words/Screams						50	<u>bagged</u>	80/54	
	2=Incompreh. sounds/Grunts						54	<u>bagged</u>	100/54	SpO2 94.5
Motor	6=Obeys/Spontaneous	1	3	3			50	<u>bagged</u>	100/50	
	5=Localizes/Push away						66	<u>ET tube bagged</u>	114/80	
	4=Withdraws to pain									
	3=Flexion/Decorticate									
	2=Extends/Decerebrate									
	1=None response									
TOTALS		3	5	5	PUPILS: SIZE		R/L	B-Brisk S-Sluggish D-Dilate C-Constr		
							R8D	R8D	R8D	R8D
							L8D	L8D	L8D	L8D

PEDIATRIC TRAUMA SCORE (Score on initial assessment)

	+2	+1	-1	Value *	INITIAL E.D. ASSESSMENT	
Size	> 20 Kg	< 20 Kg	< 10 Kg	+2	AIRWAY: <input type="checkbox"/> Clear <input checked="" type="checkbox"/> Obstructed	
Airway	Normal	Oral/Nasal Airway	Intubated - <u>on arrival</u>	-1	BREATHING: <input type="checkbox"/> Normal <input type="checkbox"/> Labored <input checked="" type="checkbox"/> Apenic	
CNS	Awake	Obtunded/any LOC	Comatose	-1	CIRCULATION: <input checked="" type="checkbox"/> Pulse present	
Systolic BP	> 90mm Hg	50-90mm Hg	< 50mm Hg	+1	HEMORRHAGE: <input type="checkbox"/> None	
Open Wounds	None	Minor	Major/Penet.	-1	NEURO: <input type="checkbox"/> Area <u>Head</u>	
Skeletal	None	Closed Fracture	Open/ Mult FX	+1	<input type="checkbox"/> Alert <input type="checkbox"/> Decreased LOC <input checked="" type="checkbox"/> Unresponsive	
SECONDARY SURVEY					TOTAL: +1	

HEAD	WNL	<input checked="" type="checkbox"/> Lacerations	<input checked="" type="checkbox"/> Abrasions	<input type="checkbox"/> Contusions	PUPILS(R)	<input checked="" type="checkbox"/> Reactive	<input checked="" type="checkbox"/> Dilated	<input type="checkbox"/> Constricted	<input type="checkbox"/> Equal
NECK	WNL	<input type="checkbox"/> Lacerations	<input checked="" type="checkbox"/> Abrasions	<input type="checkbox"/> Contusions	(L)	<input checked="" type="checkbox"/> Reactive	<input checked="" type="checkbox"/> Dilated	<input type="checkbox"/> Constricted	
SKIN	<input checked="" type="checkbox"/> Cool	<input type="checkbox"/> Warm	<input type="checkbox"/> Pale	<input type="checkbox"/> Dry	<input type="checkbox"/> Clammy	<input type="checkbox"/> Mottled	<input type="checkbox"/> Diaphoretic	<input type="checkbox"/> Cyanotic	<input type="checkbox"/> Flushed
CHEST	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Contusions	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Penet. Wounds	<input type="checkbox"/> Paradoxical Mvmts	<input type="checkbox"/> Retracting	<input type="checkbox"/> Normal Breath Sounds	<input checked="" type="checkbox"/> Decreased (R) <input checked="" type="checkbox"/> (L)	<input type="checkbox"/> Absent (R) <input type="checkbox"/> (L)
ABD/ PELVIS	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Contusions	<input checked="" type="checkbox"/> Distended	<input checked="" type="checkbox"/> Rigid	<input type="checkbox"/> Tender	Bowel Sounds: <input type="checkbox"/> Normal <input type="checkbox"/> Absent	Penet. Wounds	ABD GIRTH
SPINE/BACK	<input type="checkbox"/> Deformities	<input type="checkbox"/> Lacerations	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Contusions	Other <u>none seen</u>				
PULSES	(R)	<input type="checkbox"/> Radial	<input checked="" type="checkbox"/> Femoral	<input type="checkbox"/> Pedal	FONTANELLS		<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Sunken	<input type="checkbox"/> Bulging
	(L)	<input type="checkbox"/> Radial	<input checked="" type="checkbox"/> Femoral	<input type="checkbox"/> Pedal					

TF

EMERGENCY
RECORD

MEDICAL RECORDS

FAMILY ☐ YES
HERE? ☐ NO

CHRONIC ILLNESSES					RX ALLERGIES		CURRENT RX	
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Ulcer	<input type="checkbox"/> Cancer	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Steroids	<p>Arrive on backboard - oral airway 02/100% mvc passenger front 3 seat belt ejected from vehicle. Head Injury (T) LOC at scene. Arrive unresponsive. See Trauma Flow.</p>			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Sulfas	<input type="checkbox"/> Novocaine				
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney	<input type="checkbox"/> None Known	<input type="checkbox"/> Horse Serum	<input type="checkbox"/> None Known				
TIME	TEMP	PULSE	RESP.	B.P.	DATE OF LAST TETANUS	NURSING ASSESSMENT		
0946	60	8	90	60		<p>See Flow</p> <p>50 lb</p>		
<p>See Flow</p>					<p>Loss of Consciousness at the Scene.</p> <p>Unrestrained Passenger Front Seat Head hit windshield</p> <p>Air Bag Deployed, Ambu-Bag assist ventilation enroute to ER</p> <p>Unresponsive</p> <p>upran arrival to ER: unresponsive</p> <p>if. incarceration</p> <p>85402 Abs: Distended decompressed to N/G tube</p> <p>- mvc E912.1 16.04 Blood stained occipital scalp.</p> <p>Head injury + dilated pupil 54.25 No signif. ext. lacerations where</p> <p>7.74 ET tube 5.5 inserted. Note long arm</p> <p>99.60 Diagnostic denials w/ rgt hgtz n@</p> <p>Exposed at 01:05 AM</p> <p>Diagnosed: 6 Day peritoneal lavage CW</p> <p>Transferred to [redacted] via</p> <p>Transferred to [redacted] via Helicopter</p> <p>Take over by transport team</p>			
PHYSICIAN(S)					96			
<p>CONSENT TO TREATMENT AND RELEASE OF MEDICAL INFORMATION The undersigned hereby authorizes the emergency staff to administer those procedures deemed necessary by the emergency described herein and in conjunction therewith to release any information on this report and any medical or other records relating to the said patient's admission, confinement, and treatment in the hospital, to any physician, whether on the staff or certifying that he is treating said patient, to any health care agency or similar organization providing care to said patient, to any insurance company or other organization which provides medical or other insurance protection to said patient or his family or to any group of which said patient is a member, or to such other parties as may designate in writing.</p> <p>DATE: 04/04 WITNESS: [redacted]</p>					<p>ASSIGNMENT OF INSURANCE BENEFITS: In consideration for the rendering of services to the below named patient by the undersigned, I hereby assign to the undersigned, or any attending physicians, I hereby assign any insurance benefits which cover treatment, should admission directly to [redacted] or any attending physicians, I further understand that I remain personally liable for the payment of my bill at any time after my bill becomes due and payable.</p> <p>PATIENT/ PARENT GUARDIAN: [redacted] DATE: 04/04</p> <p>INSURED PERSON, IF OTHER THAN PATIENT: [redacted]</p>			
<p>SIGNATURE: [redacted] RELATIONSHIP: Morgue</p> <p>ADMITTED TO ROOM: [redacted] NAME: [redacted]</p> <p>DISCHARGE TIME: 0430 MODE: STABLE UNCHANGED</p> <p>PATIENT NAME & ADDRESS: [redacted] MO</p> <p>PHONE: [redacted] BIRTHDAY: [redacted] M S</p> <p>BROUGHT BY: [redacted] CHILD</p>					<p>INSTRUCTIONS: [redacted]</p> <p>NON-STAFF DOCTOR</p> <p>CALLLED: [redacted] ARRIVED: [redacted]</p> <p>GUARANTOR INFORMATION</p> <p>GUARANTOR NO. RELATIONSHIP NAME & ADDRESS: [redacted] MO</p> <p>GUARANTOR CO. NAME & ADDRESS: [redacted] MC</p>			
<p>INSURANCE INFORMATION</p> <p>PLAN NO. MEDICARE CERTIFICATION NO. COB</p> <p>EFFECTIVE DATE: [redacted] MEDICARE IDENT. NO. EXPIRATION DATE: [redacted] CASE ID NO.</p> <p>GROUP: [redacted] POLICY: [redacted] EFFECTIVE DATE: [redacted]</p> <p>SUBSCRIBER/INSURANCE CO. NAME AND ADDRESS: [redacted] PRIVATE PAY</p>					<p>GUARANTOR INFORMATION</p> <p>GUARANTOR NO. RELATIONSHIP NAME & ADDRESS: [redacted] MO</p> <p>GUARANTOR CO. NAME & ADDRESS: [redacted] MC</p>			

CHECKLIST FOR CHILD DEATH OR DOA IN THE EMERGENCY DEPARTMENT

___ Notification of coroner/medical examiner and time notified _____

✓ Instructions taken for disposition of clothing/personal effects
with body

NA Notification of law enforcement if:

SIDS

Abuse or homicide

Undetermined Cause of Death

 _____ A EO
 _____ PP 4 M
 NON-STAFF DOCTOR
 _____ /96 _____

NA Notification of Division of Family Services Child Abuse/Neglect Hotline, if appropriate _____.

✓ Medical Record completed and contains:

Name

Date of Birth

Date of Death

✓ History of circumstances of illness or injury leading to child's death; an assessment of caretaker affect and behavior in the ED; who brought the child to the ED and by what method of transport.

___ Height

✓ Weight

✓ Core body temperature

NA Head circumference, if less than one year of age

___ Description of:

Fundi

Skin to include assessment of rigidity and lividity

Genitalia/sexual assault evaluation performed

Evidence of gross trauma and general physical features

✓ Time of death (actual or estimated)

✓ Signature of physician of record

NA Social Service Consultation

✓ Request for donation of organs

___ Photos taken: Yes ___ No ✓
 _____ (Name/address/phone of photographer)

NA Evidence collected: Blood ✓
 CSF
 Urine ✓
 Clothing

Note: Many hospitals have checklists already in place. Please feel free to use in place of or in addition to the institutional form.

Continued from Trauma Flow

MO

DATE

96

NON-STAFF DOCTOR

/96

EO

PP

4 M

TIME	PULSE	RESP	B/P	TEMP	MEDICATION	02/02 CONC	COMMENTS
	66	bagged	110/80	93.2	Lasix 40mg IV	100% O ₂ ET	↓ BS kept tube pat SPO ₂ ↓ 80's
	50	bagged	88/50	doppler		100% O ₂	SPO ₂ 90's
	150	bagged	140/	doppler	2340 Mannitol 7cc IV		
	94	bag	52/	doppler			
	110	bag	60/	doppler	Bolus 200cc NS	100% O ₂ ET bagged	SPO ₂ 97-90
	134	bag	110/	doppler			
	120's	bag	60/	doppler			
	120's	bag	60/	doppler	Bolus 200cc NS	Epi. 5 IUP	
	120's	"	50/	doppler	Dopamine drip 10mcg/kg/min		
	120's	"	50/	doppler	Bolus 200cc NS		SPO ₂ 90's
			50/	doppler	Dopamine ↑ 15mcg/kg/min		00/2 Hoxf
					Bolus 200cc NS		(Crew) NRE
	130's	"	50/	doppler	Epi. 5 IUP		
	120's	"	78/	doppler			
	120's		101/69	(R) Dopamine	Epi. 5 IUP		
	124	"	50/	doppler	Dopamine ↑ 20mcg/kg/min		SPO ₂ ↓
	42	"	40/	doppler	Epi. 5 IUP		↓ fluid dump, bleeding
	42	"	40/	doppler	Epi. 5 IUP		Compressions
	⊕	bagged	⊕		Atropine 4mg IV		5 pri. tes
	⊕		⊕		Atropine 4mg IV		Compressions
	⊕		⊕		Epi. 5 IUP		CPR
	⊕		⊕		Code called		CPR
					Stop		

[REDACTED]
[REDACTED]
[REDACTED] MISSOURI [REDACTED]

Patient Name: [REDACTED]
Attending Physician: [REDACTED]
Room Number: [REDACTED]
Date of Birth: [REDACTED]
Medical Record Number: [REDACTED]
Patient Account Number: [REDACTED]
Date: [REDACTED]/96

EMERGENCY ROOM PROGRESS NOTE

CHIEF COMPLAINT: Motor vehicle accident, loss of consciousness at the scene.

HISTORY OF THE PRESENT ILLNESS: This 4-year-old male was the passenger in the front seat. He was unrestrained. The car collided with a truck head on. According to the mother, patient's head hit the windshield. The air bag also deployed. He became unconscious at the scene. When the paramedics arrived at the scene endotracheal intubation was attempted. However, due to the resistance patient was unable to be intubated, then he had assist ventilation with ambu bag, then transferred to the emergency room here from [REDACTED]

EMERGENCY ROOM COURSE: Upon arrival at the emergency room child is unconscious. Both pupils are dilated and fixed. Peripheral pulses are weak. Heart rate in the neighborhood of 80 bpm. No respiration effort. IV line access was accomplished from right side of the AC and also from the dorsum of left hand, then Versed 2 mg IV was given. Endotracheal tube was inserted after suction of the throat. Subsequently IV fluids were given. [REDACTED] came to the emergency room to assist the resuscitation and assisted the evaluation. Chest x-ray revealed no cardiomegaly, no widening of the mediastinum, no pneumothorax. The abdomen revealed dilated gastric shadow. Nasogastric tube was inserted to decompress the abdomen, then diagnostic lavage was carried out by [REDACTED]. The result was negative. Had talked with the mother in regard to transferring to the medical center. She made a request to transfer to [REDACTED] Hospital. Subsequently, [REDACTED] Hospital was called. [REDACTED], who is the doctor in charge of the trauma team was informed of the patient's condition. He gave instructions to stabilize the patient here until the transfer team arrived here at the hospital emergency room. Patient was given IV fluids and monitoring arterial blood gases, and repeat chest x-ray. The details were recorded in the flow sheet. During the resuscitation efforts at one point his right side of the pupil constricted and became irregular pupil. However, the left pupil remained fixed and dilated. By [REDACTED] to [REDACTED] p.m. patient had many episodes of hypotension. He required bolus of IV fluids and Dopamine IV drip and additional Epinephrine IV bolus. He had repeat chest x-ray and

Patient Name: [REDACTED]
Attending Physician: [REDACTED]

revealed pulmonary edema secondary to neurogenic trauma. Mannitol 0.5 mg/kg IV was given. Lasix 20 mg IV was given. In spite of the multiple chemical resuscitations his condition gradually slowly went downhill. At this point his right side of the pupil also became fixed and dilated. There is no spontaneous breathing. The previously noted posturing has become no spontaneous motor response. By the time transfer team from Children's Hospital arrived in the emergency room the patient continued to become hypotensive. Additional Epinephrine IV bolus followed by Epinephrine IV drip was unsuccessful. Repeat chest x-ray revealed bilateral homogenous density in both lungs secondary to advanced ARDS secondary to neurogenic trauma. His heart rate gradually slowed down, and finally patient expired at [REDACTED] a.m. [REDACTED]/96. [REDACTED] the Pediatrician from [REDACTED] Children's Hospital was with me to co-manage the final event. Both of us agreed that this is a terminal event and irreversible process. The family are informed of the final event.

IMPRESSIONS: Motor vehicle accident with severe head injury and neurogenic shock.

INCOMPLETE

[REDACTED]
Emergency Room Physician

SP/pp
DD: [REDACTED]/96
DT: [REDACTED] 96

PROGRESS NOTES

NON-STAFF DOCTOR
96

EO
4 M

Date

Notes Should Be Signed by Physician

1/96

Hospital's Physician Note

Arrived in the E.R. of [redacted] County [redacted] at [redacted]
Pt. had fixed dilated pupil $\approx 8-9$ mm, no reaction
response to light. Had no spont. respiration & no response
to stimuli. His B.P. was ≈ 50 's as recorded with Dopple
no femoral pulses. He was bagged with 100% O₂ and
had an E.T.T. in place. He was receiving 15 microgram/kg.

- At Depause: H.R. was ≈ 70 's

- We started him on 0.1 mcg/kg of Dopamine
Epinephrine after giving a bolus of 0.1 mg ≈ 0.015
with good response. ABG showed a pH of 7.21 with
resp. & met. acidosis. We started bagging him at a rate
of ≈ 75 /min & it was somewhat difficult to bag him
but the E.T.T. was in place, CXR showed completely
opacified lung fields suggestive of Neurogenic pulmonary
Edema. Repeat ABG showed pH of 7.25. Within about
next [redacted] min. he became bradycardic H.R. ≈ 40 's &
no palpable pulses. Code was called at \approx [redacted] AM

with chest compressions, 3 boluses of Epi 0.4 mg on top of
continuous Epi infusion and Dopa of 20 mg/kg. He
also received ≈ 400 cc of LR boluses. But there
was minimal response to all the intervention. Finally
he lost his B.P., H.R. ≈ 20 /min. No heart sounds were
audible, pupils were fixed & dilated and still there was
no respiration; therefore, he was declared expired at [redacted]
AM. Cause of Death: Possible Brownstein Hemorrhage 20 some Head Injury

TAG, TRAUMA 4461 EO
 PP 95 M
 NON-STAFF DOCTOR
 /96

RED BAND NO. 4461

DONOR NO.	GROUP	Rh	EXP. DATE	X-MATCH COMP.
	O	Pos	96	Comp
7	O	Pos	96	Comp
	O	Pos	96	Comp
	O	Pos	96	Comp

DATE 44 11
 ORDERED BY DR. mn REQUISITIONED BY mn
☐ TODAY ☐ STAT ☐ OR IN A M
 (CROSSMATCH EXPIRES 48 HR. FROM TIME BLOOD DRAWN)
 NO. OF 4
☒ TYPE & CROSSMATCH (must be ordered if blood is administered)
☐ TYPE & SCREEN (hold for possible crossmatch)
☐ PLATELETS
☐ FFP
☐ OTHER

THIS AREA TO BE FILLED OUT BY NURSING UNIT

PATIENT'S IDENTIFICATION VERIFIED. SPECIMEN DRAWN.
 & RED ARM BAND ATTACHED OR VERIFIED BY:

INT BG/Ann DATE 96 TIME 222

PATIENT RESULTS

ABO GROUP O Rh Pos Du
 DIRECT COOMBS ANTIBODY SCREEN Neg

NOTES:

TECHNOLOGIST DATE/TIME 96
 CROSSMATCH COMP. DATE 96 TIME
 CROSSMATCH EXP. DATE 96 TIME

REGIONAL MEDICAL CENTER, Missouri 65401

LRØ

**MISSOURI COUNTY
REGIONAL MEDICAL CENTER**

X-RAY REPORT

FAMILY NAME [REDACTED]		FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	ROOM NO. [REDACTED]	HOSP NO. [REDACTED]
NAME - PART [REDACTED]		SEX M F		AGE - YEARS 4	X-RAY NO. [REDACTED]
ATTENDING PHYSICIAN [REDACTED]		DATE [REDACTED]-96		O.P.D. NO. [REDACTED]	

REPORT:

[REDACTED] 96

CHEST #2

Anteroposterior supine chest radiograph. This film is labeled #2.

Extensive bilateral lung densities have developed. The heart size is unchanged. The mediastinum has not widened since the prior examination. The aortic knob is not well seen. However, there is suboptimal technique. No pneumothorax is seen. Cardiac monitoring electrodes remain in place. An NG tube has been placed, with decompression of the stomach.

IMPRESSION

1. Development of extensive bilateral lung densities. Possible etiologies include extensive pulmonary contusion, aspiration, or pulmonary edema.

[REDACTED]
[REDACTED], 1996

SIGNATURE OF RADIOLOGIST

**MISSOURI COUNTY
REGIONAL MEDICAL CENTER**

X-RAY REPORT

FAMILY NAME		FIRST NAME	MIDDLE NAME	ROOM NO.	HOSP. NO.
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
NAME - PART		SEX	AGE - YEARS	X-RAY NO.	
[REDACTED]		M F	4	[REDACTED]	
ATTENDING PHYSICIAN		DATE	O.P.D. NO.		
[REDACTED]		[REDACTED] 96	[REDACTED]		

REPORT:

CHEST

Anteroposterior supine portable chest x-ray at [REDACTED] p.m.

There is evidence of peribronchial thickening but no definite pulmonary contusion or infiltrate is evident at this time. There is no pneumothorax. The cardiomediastinal silhouette is within normal limits in width, allowing for lordotic anteroposterior supine technique. However, the aortic knob is not well visualized on this examination. Cardiac monitoring electrodes are in place. There is marked gastric distention.

IMPRESSION

1. Suboptimal visualization of aortic knob.
2. Gastric distention.

[REDACTED]
1996

SIGNATURE OF RADIOLOGIST

X-RAY REPORT

FAMILY NAME		FIRST NAME	MIDDLE NAME	ROOM NO	HOSP. NO.
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
NAME - PART		SEX	AGE - YEARS	X-RAY NO.	
[REDACTED]		MX F	4	[REDACTED]	
ATTENDING PHYSICIAN			DATE	O.P.D. NO.	
[REDACTED]			[REDACTED] 96	[REDACTED]	

REPORT:

CHEST

Portable anteroposterior supine chest radiograph. This film is labeled #3.

An endotracheal tube has been placed, tip entering the right main stem bronchus. There is complete opacification of the left lung with leftward shift of the heart and mediastinum, consistent with left lung atelectasis. The right lung appears more clear than it did on the prior examination. NG tube remains in place. There is a large amount of air in the bowel, but the stomach is no longer distended. No pneumothorax is seen. Cardiac monitoring electrodes are identified.

IMPRESSION

1. Endotracheal tube in right main stem bronchus.
2. Atelectasis of left lung.
3. Clearing in right lung.

CHEST

Anteroposterior supine portable chest radiograph. This film is labeled #4.

The endotracheal tube is no longer seen. There is opacification of both lungs with extensive air bronchograms. No pneumothorax is seen. NG tube, cardiac monitoring electrodes remain in place. There is gaseous distention of the bowel. There is more air in the stomach than there was on the prior examination.

Impression:

Extensive bilateral lung opacification. Possible etiologies include atelectasis, lung contusion, pulmonary edema, hemorrhage, or massive aspiration.

[REDACTED]
[REDACTED] 1996

SIGNATURE OF RADIOLOGIST

X-RAY REPORT

FAMILY NAME		FIRST NAME	MIDDLE NAME	ROOM NO.	HOSP NO
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
NAME - PART				SEX	AGE - YEARS
[REDACTED]				M X F	4
ATTENDING PHYSICIAN				DATE	OPD NO
[REDACTED]				[REDACTED] 96	

REPORT:

CERVICAL SPINE

Cross-table lateral portable view of the cervical spine.

The examination is suboptimal due to overlying artifact. The C6 and C7 levels are not well seen due to overlying soft tissue density. No obvious compression deformity is seen in the visualized portion of the cervical spine. The craniovertebral junction cannot be confirmed to be normal. The atlantodental interval is not well seen and widening of the ADI cannot be entirely excluded. With this suboptimal examination, cervical spine fractures cannot be entirely excluded.

[REDACTED] 1996

SIGNATURE OF RADIOLOGIST

Printed: 96

PAGE: 1 of 1

Mo

INSTANT REPORT

Patient name:
 Location: EMERGENCY DEPARTMENT
 Adm.date: 96 Surg.date:

M.R.N.: Room: Bed:
 Billing no.:
 Att.physician: NON-STAFF, DOCTOR
 DOB: 0 Age: 95 Sex: M

Order Id :
 Date&Time Ordered: 76
 Req. physician:

INTERIM

BLOOD GAS REPORT

TEST-NAME	RESULT	FLAG	NRML-RANGE	UNITS	DATE	TIME	TECH
ARTERIAL							
COLLECTED: 96							
PH	7.21	L	7.34-7.44				TAN
PCO2	41		35-45	mmHg			TAN
PO2	42	L	75-100	mmHg			TAN
HCO3	16	L	22-26	mEq/L			TAN
TCO2	18	L	23-27	mEq/L			TAN
BASE EXCESS	-10.6	L	-2.0-2.0	mEq/L			TAN
FIO2	100%						TAN
TOTAL HEMOGLOBIN	in-lab		14.0-16.0	gm/dl			TAN
OXYGEN SAT. (%O2HB)	in-lab		94-100	%			TAN
CARBON MONOXIDE (%COHB)	in-lab		0.0-1.5	%			TAN
METHEMOGLOBIN (METHB%)	in-lab		0.4-1.5	%			TAN
OXYGEN CONTENT(VOL %O2)	in-lab		15.0-23.0	%			TAN

Patient name:
 Location: EMERGENCY DEPARTMENT

MRN: Room:
 Att.physician: NON-STAFF, DOCTOR

LR1

Printed: 1/96

PAGE: 1 of 1

Mo

INSTANT REPORT

Patient name: [REDACTED] A

M.R.N.: [REDACTED] Room: Bed:

Location: EMERGENCY DEPARTMENT

Billing no.: [REDACTED]

Adm.date: [REDACTED]/96 Surg.date:

Att.physician: NON-STAFF, DOCTOR

DOB: [REDACTED] Age: 1 Sex: M

Order Id [REDACTED]

FINAL

Date&Time Ordered: [REDACTED] 96

Req. physician: [REDACTED]

BLOOD GAS REPORT

TEST-NAME	RESULT	FLAG	NRML-RANGE	UNITS	DATE	TIME	TECH
ARTERIAL							
COLLECTED: [REDACTED]/96							
PH	7.13	PL	7.34-7.44		[REDACTED]	[REDACTED]	TAN
PCO2	48	H	35-45	mmHg	[REDACTED]	[REDACTED]	TAN
PO2	42	L	75-100	mmHg	[REDACTED]	[REDACTED]	TAN
HCO3	16	L	22-26	mEq/L	[REDACTED]	[REDACTED]	TAN
TCO2	17	L	23-27	mEq/L	[REDACTED]	[REDACTED]	TAN
BASE EXCESS	-13.4	L	-2.0-2.0	mEq/L	[REDACTED]	[REDACTED]	TAN
FIO2	100%				[REDACTED]	[REDACTED]	TAN
TOTAL HEMOGLOBIN	12.3	L	14.0-16.0	gm/dl	[REDACTED]	[REDACTED]	TAN
OXYGEN SAT. (%O2HB)	60	L	94-100	%	[REDACTED]	[REDACTED]	TAN
CARBON MONOXIDE (%COHB)	0.7		0.0-1.5	%	[REDACTED]	[REDACTED]	TAN
METHEMOGLOBIN (METHB%)	0.5		0.4-1.5	%	[REDACTED]	[REDACTED]	TAN
OXYGEN CONTENT(VOL %O2)	10.3	L	15.0-23.0	%	[REDACTED]	[REDACTED]	TAN

Patient name: [REDACTED]
 Location: EMERGENCY DEPARTMENT

MRN: [REDACTED] Room:
 Att.physician: NON-STAFF, DOCTOR

LR2

Printed: [REDACTED] /96

PAGE: 1 of 1

[REDACTED] Mo [REDACTED]

DAILY REPORT

Patient name: [REDACTED]

M.R.N.: [REDACTED] Room: [REDACTED] Bed: [REDACTED]

Location: EMERGENCY DEPARTMENT

Billing no.: [REDACTED]

Adm.date: [REDACTED] 96 Surg.date: [REDACTED]

Att.physician: NON-STAFF, DOCTOR

DOB: [REDACTED] Age: 4 Sex: M

Order Id : [REDACTED]

FINAL

Date&Time Ordered: [REDACTED] 96 [REDACTED]

Req. physician: [REDACTED]

BLOOD GAS REPORT

TEST-NAME	RESULT	FLAG	NRML-RANGE	UNITS	DATE	TIME	TECH
ARTERIAL							
COLLECTED: [REDACTED] /96 [REDACTED]							
PH	7.25	L	7.34-7.44		[REDACTED] /96	[REDACTED]	CMR
PCO2	34	L	35-45	mmHg	[REDACTED] /96	[REDACTED]	CMR
PO2	123	H	75-100	mmHg	[REDACTED] /96	[REDACTED]	CMR
HCO3	15	L	22-26	mEq/L	[REDACTED] /96	[REDACTED]	CMR
TCO2	16	L	23-27	mEq/L	[REDACTED] /96	[REDACTED]	CMR
BASE EXCESS	-11.1	L	-2.0-2.0	mEq/L	[REDACTED] /96	[REDACTED]	CMR
FIO2	100%				[REDACTED] /96	[REDACTED]	CMR

This set of gases drawn at 0015 and resulted manually to ER
at 0020.

Patient name: [REDACTED]

MRN: [REDACTED] Room: [REDACTED]

Location: EMERGENCY DEPARTMENT

Att.physician: NON-STAFF, DOCTOR

LR3

Printed: 96 09:12

PAGE: 1 of 1

[REDACTED] Mo 6
[REDACTED]
DAILY REPORT

Patient name: [REDACTED]

M.R.N.: [REDACTED] Room: [REDACTED] Bed: [REDACTED]

Location: EMERGENCY DEPARTMENT

Billing no.: [REDACTED]

Adm.date: 96 Surg.date: [REDACTED]

Att.physician: NON-STAFF, DOCTOR

DOB: [REDACTED] Age: 4 Sex: M

Order Id : [REDACTED]

FINAL

Date&Time Ordered: 96 [REDACTED]

Req. physician: [REDACTED]

BLOOD GAS REPORT

TEST-NAME	RESULT	FLAG NRML-RANGE	UNITS	DATE TIME TECH
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ARTERIAL

COLLECTED: 96 [REDACTED] CALLED ER 6204 tel. 96, [REDACTED], called to er

PH	7.14	PL	7.34-7.44	[REDACTED] 96 [REDACTED] TB
PCO2	58	H	35-45	[REDACTED] 96 [REDACTED] TB
PO2	26	PL	75-100	[REDACTED] 96 [REDACTED] TB
HCO3	20	L	22-26	[REDACTED] 96 [REDACTED] TB
TCO2	21	L	23-27	[REDACTED] 96 [REDACTED] TB
BASE EXCESS	-10.0	L	-2.0-2.0	[REDACTED] 96 [REDACTED] TB
FIO2	100% O2			[REDACTED] 96 [REDACTED] TB

Patient name: [REDACTED]

MRN: [REDACTED] Room: [REDACTED]

Location: EMERGENCY DEPARTMENT

Att.physician: NON-STAFF, DOCTOR

LR4

MISSOURI AMBULANCE REPORTING FORM				BILLING INFORMATION																																																																																																																												
<div>Mo <input type="text"/> Day <input type="text"/> Year <input type="text"/></div> <div>Date of Run <input type="text"/> Ambulance Service # <input type="text"/> Vehicle License # <input type="text"/></div> <div>Ambulance Service Name <u>Ambulance Dist.</u></div>				<div>Guarantor's name (if different from patient) <input type="text"/></div> <div>Address <input type="text"/> Phone # <input type="text"/></div> <div>City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/></div> <div>Patient Social Security # <input type="text"/> Employer <input type="text"/></div> <div>Guarantor Social Security # <input type="text"/> Employer <input type="text"/></div> <div>Insurance Company, Group & Policy Numbers <input type="text"/></div> <div>Medicare # <input type="text"/> State <input type="text"/></div> <div>Medicaid # <input type="text"/> State <input type="text"/></div>																																																																																																																												
LOCATION OF PICKUP				ODOMETER																																																																																																																												
<div>Name of Hospital, Nursing Home, Clinic, or Street, Route, Highway # <input type="text"/></div> <div>City <input type="text"/> County <input type="text"/></div> <div>State <input type="text"/> Zip <input type="text"/></div>				<div>At dispatch <input type="text"/></div> <div>At scene <input type="text"/></div> <div>At destination <input type="text"/></div>																																																																																																																												
TYPE OF RUN		TIMES		PLACE OF INCIDENT		PATIENT DESTINATION																																																																																																																										
<div>TO SCENE <input checked="" type="checkbox"/> Lights/Sirens</div> <div>FROM SCENE <input checked="" type="checkbox"/> Lights/Sirens</div> <div><input type="checkbox"/> Emergency response requested</div> <div><input type="checkbox"/> Non-emergency response (routine)</div> <div><input type="checkbox"/> Life threatening, transported</div> <div><input type="checkbox"/> Urgent, transported</div> <div><input type="checkbox"/> Routine, transported</div> <div><input type="checkbox"/> Treated, transferred care</div> <div><input type="checkbox"/> Treated, transported by private vehicle</div> <div><input type="checkbox"/> Treated and released</div> <div><input type="checkbox"/> No treatment required</div> <div><input type="checkbox"/> Patient refused care and/or transport</div> <div><input type="checkbox"/> Dead at scene, not transported</div> <div><input type="checkbox"/> Cancelled</div> <div><input type="checkbox"/> No patient found</div> <div><input type="checkbox"/> Crank call</div>		<div>Call Received <input type="text"/></div> <div>Unit Dispatched <input type="text"/></div> <div>Unit En Route <input type="text"/></div> <div>Arrive Location <input type="text"/></div> <div>Arrive Patient <input type="text"/></div> <div>Depart Location <input type="text"/></div> <div>Arrive Destination <input type="text"/></div> <div>Unit Available <input type="text"/></div>		<div><input type="checkbox"/> Home</div> <div><input type="checkbox"/> Farm</div> <div><input type="checkbox"/> Mine/Quarry</div> <div><input type="checkbox"/> Industrial Place</div> <div><input type="checkbox"/> Recreation or Sport</div> <div><input type="checkbox"/> Street or Highway</div> <div><input type="checkbox"/> Public Building</div> <div><input type="checkbox"/> Residential Institution (hospital)</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> Unspecified</div>		<div><u>County Regional Med Center</u></div> <div>Name of Hospital, Nursing Home, Clinic, Ambulance Service, Home, etc. <input type="text"/></div> <div>City <input type="text"/> State <input type="text"/></div> <div>Referring Physician: <input type="text"/></div> <div>Receiving Physician: <input type="text"/></div> <div>Driver or Pilot: <input type="text"/> L.C. # <input type="text"/></div> <div>Attendant #1: <input type="text"/> L.C. # <input type="text"/></div> <div>Attendant #2: <input type="text"/> L.C. # <input type="text"/></div> <div>Person Receiving Patient: <input type="text"/></div> <div>Medical Control Name/Hospital: <input type="text"/></div>																																																																																																																										
PRIOR CARE BY:				Aid/Diagnostics/Treatment																																																																																																																												
<div><input type="checkbox"/> Ambulance Service <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Medical Facility <input checked="" type="checkbox"/> Bystander <input type="checkbox"/> Other <input type="checkbox"/> Family</div>				<div><input type="checkbox"/> ALS <input type="checkbox"/> BLS</div> <div>Name: <input type="text"/></div>																																																																																																																												
PEDIATRIC TRAUMA SCORE COMPONENTS (P.T.S.)		REVISED TRAUMA SCORE COMPONENTS (R.T.S.)		PROTECTIVE EQUIPMENT		FACTORS AFFECTING EMS		TREATMENT AUTHORIZATION																																																																																																																								
<div>Weight <input type="text"/></div> <div>Airway <input type="text"/></div> <div>Systolic Blood Pressure <input type="text"/></div> <div>Central Nervous System <input type="text"/></div> <div>Wounds <input type="text"/></div> <div>Fractures <input type="text"/></div> <div>TOTAL P.T.S. <input type="text"/></div>		<div>Systolic Blood Pressure <input type="text"/></div> <div>Respiratory Rate <input type="text"/></div> <div>Glasgow Coma Score <input type="text"/></div> <div>Eye Opening <input type="text"/></div> <div>Best Verbal Response <input type="text"/></div> <div>Best Motor Response <input type="text"/></div> <div>TOTAL R.T.S. <input type="text"/></div>		<div><input type="checkbox"/> None</div> <div><input type="checkbox"/> Unknown</div> <div><input type="checkbox"/> Seat Belt</div> <div><input type="checkbox"/> Child Seat</div> <div><input type="checkbox"/> Air Bag</div> <div><input type="checkbox"/> Belt & Bag</div> <div><input type="checkbox"/> Helmet</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> Not Applicable</div>		<div><input type="checkbox"/> Adverse weather</div> <div><input type="checkbox"/> Adverse road conditions</div> <div><input type="checkbox"/> Traffic problems</div> <div><input type="checkbox"/> Unsafe scene</div> <div><input type="checkbox"/> Language barrier</div> <div><input type="checkbox"/> Extrication >20 minutes</div> <div><input type="checkbox"/> Hazardous materials</div> <div><input type="checkbox"/> Crowd control</div> <div><input type="checkbox"/> Med. Control failure</div> <div><input type="checkbox"/> Other</div> <div><input checked="" type="checkbox"/> Not applicable</div>		<div><input type="checkbox"/> On-line (radio/telephone)</div> <div><input type="checkbox"/> On-scene</div> <div><input type="checkbox"/> Protocol</div> <div><input type="checkbox"/> Written orders (patient specific)</div> <div><input type="checkbox"/> Orders refused</div> <div><input type="checkbox"/> Unknown</div> <div><input type="checkbox"/> Not applicable</div>																																																																																																																								
TRAUMA ASSESSMENT		ILLNESS ASSESSMENT		DESTINATION DETERMINATION																																																																																																																												
<div>(circle boxes that apply)</div> <table border="1"><thead><tr><th></th><th>Amputation</th><th>Burn</th><th>Crush</th><th>Dislocation/FX</th><th>Burn</th><th>Gunshot</th><th>Laceration</th><th>Puncture/Stab</th><th>Pain</th><th>Soft Tissue</th></tr></thead><tbody><tr><td>Head</td><td>00</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr><tr><td>Face/Eye/Ear</td><td>01</td><td>11</td><td>21</td><td>31</td><td>41</td><td>51</td><td>61</td><td>71</td><td>81</td><td>91</td></tr><tr><td>Neck</td><td>02</td><td>12</td><td>22</td><td>32</td><td>42</td><td>52</td><td>62</td><td>72</td><td>82</td><td>92</td></tr><tr><td>Spine</td><td>03</td><td>13</td><td>23</td><td>33</td><td>43</td><td>53</td><td>63</td><td>73</td><td>83</td><td>93</td></tr><tr><td>Thorax</td><td>04</td><td>14</td><td>24</td><td>34</td><td>44</td><td>54</td><td>64</td><td>74</td><td>84</td><td>94</td></tr><tr><td>Abdomen/Pelvic Contents</td><td>05</td><td>15</td><td>25</td><td>35</td><td>45</td><td>55</td><td>65</td><td>75</td><td>85</td><td>95</td></tr><tr><td>Upper Arm/Shoulder</td><td>06</td><td>16</td><td>26</td><td>36</td><td>46</td><td>56</td><td>66</td><td>76</td><td>86</td><td>96</td></tr><tr><td>Lower Arm/Hand/Elbow</td><td>07</td><td>17</td><td>27</td><td>37</td><td>47</td><td>57</td><td>67</td><td>77</td><td>87</td><td>97</td></tr><tr><td>Upper Leg/Hip</td><td>08</td><td>18</td><td>28</td><td>38</td><td>48</td><td>58</td><td>68</td><td>78</td><td>88</td><td>98</td></tr><tr><td>Lower Leg/Foot/Knee</td><td>09</td><td>19</td><td>29</td><td>39</td><td>49</td><td>59</td><td>69</td><td>79</td><td>89</td><td>99</td></tr></tbody></table> <div>02 Cause of Injury</div>			Amputation	Burn	Crush	Dislocation/FX	Burn	Gunshot	Laceration	Puncture/Stab	Pain	Soft Tissue	Head	00	10	20	30	40	50	60	70	80	90	Face/Eye/Ear	01	11	21	31	41	51	61	71	81	91	Neck	02	12	22	32	42	52	62	72	82	92	Spine	03	13	23	33	43	53	63	73	83	93	Thorax	04	14	24	34	44	54	64	74	84	94	Abdomen/Pelvic Contents	05	15	25	35	45	55	65	75	85	95	Upper Arm/Shoulder	06	16	26	36	46	56	66	76	86	96	Lower Arm/Hand/Elbow	07	17	27	37	47	57	67	77	87	97	Upper Leg/Hip	08	18	28	38	48	58	68	78	88	98	Lower Leg/Foot/Knee	09	19	29	39	49	59	69	79	89	99	<div><input type="checkbox"/> Abdominal pain/problems</div> <div><input type="checkbox"/> Airway obstruction</div> <div><input type="checkbox"/> Allergic reaction</div> <div><input type="checkbox"/> Altered level consciousness</div> <div><input type="checkbox"/> Behavioral/psychiatric</div> <div><input type="checkbox"/> Cardiac arrest</div> <div><input type="checkbox"/> Cardiac rhythm disturbance</div> <div><input type="checkbox"/> Chest pain/discomfort</div> <div><input type="checkbox"/> Diabetic symptoms</div> <div><input type="checkbox"/> Hyperthermia</div> <div><input type="checkbox"/> Hypothermia</div> <div><input type="checkbox"/> Hypovolemia/shock</div> <div><input type="checkbox"/> Inhalation injury (toxic gas)</div> <div><input type="checkbox"/> Poisoning/drug ingestion</div> <div><input type="checkbox"/> Pregnancy/O.B. delivery</div> <div><input type="checkbox"/> Respiratory arrest</div> <div><input type="checkbox"/> Respiratory distress</div> <div><input type="checkbox"/> Seizure</div> <div><input type="checkbox"/> Smoke inhalation</div> <div><input type="checkbox"/> Stroke/CVA</div> <div><input type="checkbox"/> Syncope/fainting</div> <div><input type="checkbox"/> Vaginal hemorrhage</div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> Unknown</div> <div><input checked="" type="checkbox"/> Not applicable (trauma)</div>		<div><input checked="" type="checkbox"/> Closest facility (none below)</div> <div><input type="checkbox"/> Patient/family choice</div> <div><input type="checkbox"/> Patient physician choice</div> <div><input type="checkbox"/> Managed care</div> <div><input type="checkbox"/> Law enforcement choice</div> <div><input type="checkbox"/> Protocol</div> <div><input type="checkbox"/> Specialty resource center</div> <div><input type="checkbox"/> On-line medical direction</div> <div><input type="checkbox"/> Diversion (name of hospital diverted from) <input type="text"/></div> <div><input type="checkbox"/> Other</div> <div><input type="checkbox"/> Unknown</div> <div><input type="checkbox"/> Not applicable</div>			
	Amputation	Burn	Crush	Dislocation/FX	Burn	Gunshot	Laceration	Puncture/Stab	Pain	Soft Tissue																																																																																																																						
Head	00	10	20	30	40	50	60	70	80	90																																																																																																																						
Face/Eye/Ear	01	11	21	31	41	51	61	71	81	91																																																																																																																						
Neck	02	12	22	32	42	52	62	72	82	92																																																																																																																						
Spine	03	13	23	33	43	53	63	73	83	93																																																																																																																						
Thorax	04	14	24	34	44	54	64	74	84	94																																																																																																																						
Abdomen/Pelvic Contents	05	15	25	35	45	55	65	75	85	95																																																																																																																						
Upper Arm/Shoulder	06	16	26	36	46	56	66	76	86	96																																																																																																																						
Lower Arm/Hand/Elbow	07	17	27	37	47	57	67	77	87	97																																																																																																																						
Upper Leg/Hip	08	18	28	38	48	58	68	78	88	98																																																																																																																						
Lower Leg/Foot/Knee	09	19	29	39	49	59	69	79	89	99																																																																																																																						

PATIENT CONSENT TO TREATMENT/TRANSPORT, AUTHORIZATION & RELEASE

I, the undersigned, hereby authorize the Ambulance Service named on this form to provide emergency or non-emergency transportation and any medical treatment or services deemed necessary. By authorizing such treatment and/or transportation, I acknowledge that I am responsible for paying for all charges based on current billing rates, regardless of whether or not I personally requested ambulance service originally. I hereby assign to the ambulance service all my rights and benefits for ambulance services provided by any and all of my insurers and any third party agencies. I further authorize my insurers and any third party agencies to pay directly to the ambulance service whatever benefits or payments may be available for services rendered to me or my dependents by the ambulance service. I hereby authorize any holder of any medical, hospital, or other records or information about me or my dependents to release to the Health Care Financing Administration, its intermediaries or other carriers, as well as to the ambulance service, any such information needed to determine insurance and other third party benefits payable for any services provided to me or my dependents by the ambulance service or for related services now or in the future.

Date / / Signature X Date / / Witness X

PATIENT INFORMATION

Last Name First Name M I
 Street, Route, etc.
 City State Zip

Date of Birth / /
 Month Day Century Year

Age in Years 004

RACE ☐ 1 Black
☐ 4 Hispanic

☒ 2 White
☐ 5 Indian

☐ 3 Other
☐ 6 Asian

SEX ☒ 1 Male
☐ 2 Female

Weight (lbs)

PRE-EXISTING CONDITION

- ☐ 01 Behavioral/Psych ☐ 04 Hypertension
☐ 02 Blood disorder ☐ 05 Neuro/Seizure/Para
☐ 03 Cardiac ☐ 06 Respiratory
☐ 04 Cancer ☐ 07 Other
☐ 05 Communicable Disease ☐ 08 Unknown
☐ 06 Diabetes ☐ 09 None
☐ 07 Dialysis/Renal failure

TIME	B.P.	P.	R.	SaO2	TIME	MEDICATION	RT	DOSAGE	FLUIDS	IN (ml)	OUT (ml)
<u> </u>	<u> </u>	<u>48</u>	<u>3</u>	<u>1</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	Blood		
<u> </u>	<u> </u>	<u>70</u>	<u>6</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	IV Fluids		
<u> </u>	<u> </u>	<u>60</u>	<u>8</u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	Oral Fluids		
									Emesis		
									Urine		
									TOTALS		

HSEF Date / / Time / / Personal Protection Equipment Utilized ☒

Chief Complaint

MVA multiple pts.

EMS dispatched for MVA & a child not breathing, upon arrival found 2 vehicles in intersection & was motioned to a hill side where a young child was lying on the ground & apneal respiration & major bleeding in airway. Tried to intubation x 4 on scene & suction, major bleeding & vomiting, placed pt on backboard & Respire precaution placed in ambulance. Continued to airway suction & intubation attempts, in place. pt unconscious, unresponsive, respiration rate of 4, pt pulse bradycardic rate of 60, pt had bleeding from both ears, pt's pt had skull softness to back of head & bleeding. Lung sounds are absent, distended abdomen getting larger from gastric distention. Continue bagging pt.

A multiple trauma

parital, PS, monitor while in rapid transport, med control contacted

unkn
 unk

Allergies

AID/DIAGNOSTIC/TREATMENT

- ☐ 01 ☒ 02 High mask/Demand valve
☐ 03 ☐ 04 Bleeding controlled
☐ 05 ☐ 06 Blood Specimen drawn
☐ 07 ☐ 08 C P R
☐ 09 ☐ 10 Cardiac pacing # mA
☐ 11 ☐ 12 Cardioversion
☐ 13 ☐ 14 Crithyrotomy
☐ 15 ☐ 16 Defibrillation

- ☐ 17 ☐ 18 Doppler
☐ 19 ☒ 20 Drug administered
☐ 21 ☐ 22 Oral tracheal or Nasal tracheal tube # attempts
☐ 23 ☒ 24 Oral tracheal or Nasal tracheal tube failed # attempts
☐ 25 ☐ 26 Other airway
☐ 27 ☒ 28 EKG monitor
☐ 29 ☐ 30 Extremity splint
☐ 31 ☐ 32 Extrication
☐ 33 ☐ 34 Rapid extrication
☐ 35 ☐ 36 Glucose test # mg/dl

- ☐ 37 ☐ 38 Hemodynamic monitor
☐ 39 ☐ 40 IV administered #
☐ 41 ☐ 42 IV failed #
☐ 43 ☐ 44 IV maintained
☐ 45 ☐ 46 Infusion pump # rpm
☐ 47 ☐ 48 Intraosseous infusion #
☐ 49 ☐ 50 Isolette # FiO2
☐ 51 ☐ 52 Mechanical ventilator
☐ 53 ☐ 54 N.G. tube
☐ 55 ☐ 56 O.B. delivery

- ☐ 57 ☐ 58 Oxygen by cannula # lpm
☐ 59 ☐ 60 Oxygen by mask # lpm
☐ 61 ☐ 62 P.C.P.D. applied
☐ 63 ☐ 64 Pulse oximetry
☐ 65 ☐ 66 Restraints
☐ 67 ☒ 68 Spinal immobilization
☐ 69 ☒ 70 Suction airway
☐ 71 ☐ 72 Thoracentesis
☐ 73 ☐ 74 Suction
☐ 75 ☒ 76 Other VS PE.

NON-STAFF DOCTOR

96

EO

4 M

CONSENT FOR ORGAN AND TISSUE DONATION

In order that humanity may benefit and in accordance with the Missouri Uniform Anatomical Gift Act, I,

[REDACTED], the mother
(Name of Next-of-Kin) (Relationship to Deceased)

of [REDACTED] does not give permission and consent to
(Name of Patient)

take and remove from the body of the deceased the organs and/or tissues indicated below:

Refused

I understand that these organs/tissues will be used for any lawful purpose including transplantation, therapy, or scientific study.

I understand that this authorization includes any medical information, tests, and specimens necessary to assure acceptability of the organs and tissue donated.

I understand that any costs relating to evaluation, maintenance and recovery of donated organs/tissues will be paid by the transplant association.

Order of priority of next-of-kin:

- | | |
|--------------------------|-----------------------------|
| 1. Spouse | 4. Adult Brother or Sister |
| 2. Adult Son or Daughter | 5. Legal Guardian |
| 3. Either Parent | 6. Person Authorized By Law |

Signature: [REDACTED] Time and Date Consent Obtained
Address: _____

Telephone: () _____ (Person Obtaining Consent)
Witness _____

REQUEST FOR ORGAN & TISSUE DONATION

I am a requester trained in requesting anatomical gifts. This form records my routine inquiry for an anatomical gift from _____ who died at _____ on _____/_____/_____.
 _____ (Name of Deceased) _____ (Time) _____ (Date).

Persons authorized to make anatomical gifts, in order of priority, are listed below:

_____ Spouse
 _____ Adult Son or Daughter (18 years of age or older)
☒ Parent
 _____ Brothers or Sisters (18 years of age or older)
 _____ Other

Name of Next-Of-Kin: _____
 (Please Print)

Was an attempt made to contact next-of-kin?

☒ Yes ☐ No, for the following reasons:

- ☐ Known wishes of deceased, or next-of-kin.
☐ Deceased does not meet medical criteria for donation of organs or tissues.
☐ Medical Examiner or Coroner objected.
☐ Inability to locate next-of-kin in a timely manner.
☐ Other (Reason) _____

What was the result of the request?

- ☒ Declined to make donation
☐ Consent for Donation signed.
 (see reverse side)

_____/_____/_____
 (Time, Date)

 (Requester)

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE LEFT SECOND SEATED PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9618
3. Vehicle Number 01
4. Occupant Number 03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 48
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 168
Code actual height to the nearest
centimeter.
(999) Unknown

66 inches X 2.54 = 167.6 centimeters
8. Occupant's Weight 083
Code actual weight to the nearest
kilogram.
(999) Unknown

183 pounds X .4536 = 83 kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 21
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

Second Seat
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

Third Seat
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

Fourth Seat
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown
11. Occupant's Posture 7
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in
front of seat
(8) Other abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 2

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):(9) Unknown21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):(9) Unknown22. Manual Shoulder Belt Upper Anchorage Adjustment 1

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen(7) Automatic lap and shoulder belt orautomatic shoulder belt used improperly with child safety seat (specify):(8) Other improper use of automatic belt system (specify):(9) Unknown27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor(7) Combination of above (specify):(8) Other automatic belt failure (specify):(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 9

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment 0

(This Occupant Position)

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag 0

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First 0

Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System 0

Failure?

(This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 0 0 0
-

(_ 000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_ 996) Deployment, unknown longitudinal Delta V

(_ 997) Not deployed

(_ 998) Unknown if deployed

(_ 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 0 0

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**44. Source of Air Bag Damage 00

- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

(03) Object carried by occupant, (specify):

(04) Adaptive/assistive controls, (specify):

(05) Fire in vehicle

(06) Thermal burns

(07) Rescue or emergency efforts

(88) Other damage source (specify):

(95) Damaged, unknown source

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

45. Was The Air Bag Tethered? 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

(3) Deployed, unknown if tethered

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

46. Did The Air Bag Have Vent Ports? 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

(3) Deployed, unknown if vent ports present

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0

- (0) Not equipped/not available
 (1) No

(2) Yes (specify):

(3) Deployed, unknown if other occupant contact to air bag

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

48. Was This Occupant Wearing Eye-wear? 0

- (0) Not air bag equipped/air bag not available
 (1) No

(2) Eyeglasses/sunglasses

(3) Contact lenses

(4) Deployed, unknown if eyewear worn

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 0

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

(9) Unknown

50. Seat Type (this Occupant Position) 03

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):

(99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

(9) Unknown

52. Seat Track Adjusted Position Prior To Impact 1

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

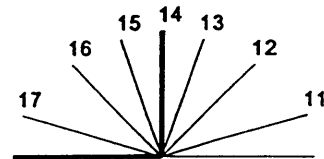
- (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

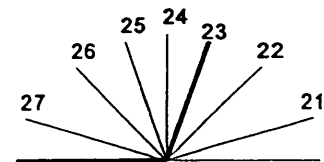
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

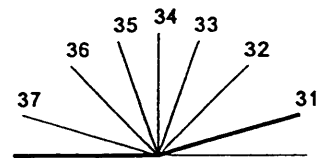
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) L

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 05

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 15
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE LEFT SECOND SEATED PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u> 2. Case Number - Stratum <u>9619</u>	3. Vehicle Number <u>01</u> 4. Occupant Number <u>03</u>
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INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number			
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					Aspect		
Concussion with LOC	1st	5. <u>3</u>	6. <u>1</u>	7. <u>6</u>	8. <u>04</u>	9. <u>06</u>	10. <u>2</u>	11. <u>0</u>	12. <u>151</u>	13. <u>3</u>	14. <u>1</u>	15. <u>00</u>
Fx distal radius	2nd	16. <u>3</u>	17. <u>7</u>	18. <u>5</u>	19. <u>28</u>	20. <u>02</u>	21. <u>2</u>	22. <u>2</u>	23. <u>151</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
Dislocation radio-carpal joint	3rd	27. <u>3</u>	28. <u>7</u>	29. <u>5</u>	30. <u>14</u>	31. <u>30</u>	32. <u>2</u>	33. <u>2</u>	34. <u>151</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
Abrasions lower leg	4th	38. <u>6</u>	39. <u>8</u>	40. <u>9</u>	41. <u>02</u>	42. <u>02</u>	43. <u>1</u>	44. <u>2</u>	45. <u>151</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
Contusions lower leg	5th	49. <u>6</u>	50. <u>8</u>	51. <u>9</u>	52. <u>04</u>	53. <u>02</u>	54. <u>1</u>	55. <u>2</u>	56. <u>151</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>
6th	60.	61.	62.	63.	64.	65.	66.	67.	68.	69.	70.	
7th	71.	72.	73.	74.	75.	76.	77.	78.	79.	80.	81.	
8th	82.	83.	84.	85.	86.	87.	88.	89.	90.	91.	92.	
9th	93.	94.	95.	96.	97.	98.	99.	100.	101.	102.	103.	
10th	104.	105.	106.	107.	108.	109.	110.	111.	112.	113.	114.	

OCCUPANT INJURY DATA

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
				Specific Anatomic Structure	Level of Injury	A I.S Severity					
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u>		
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u>		
(5) Lay coroner report		
(6) E.M.S. personnel		
(7) Interviewee		
(8) Other source (specify): _____		
(9) Police		

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restrained passenger in a minivan, (EN,TF)
not ejected, required extrication

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

— No

✓ Yes

(EN)

Blood Alcohol Level
(mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = 15

(ED,TF,ET)

Units of Blood
Given

Units = ____

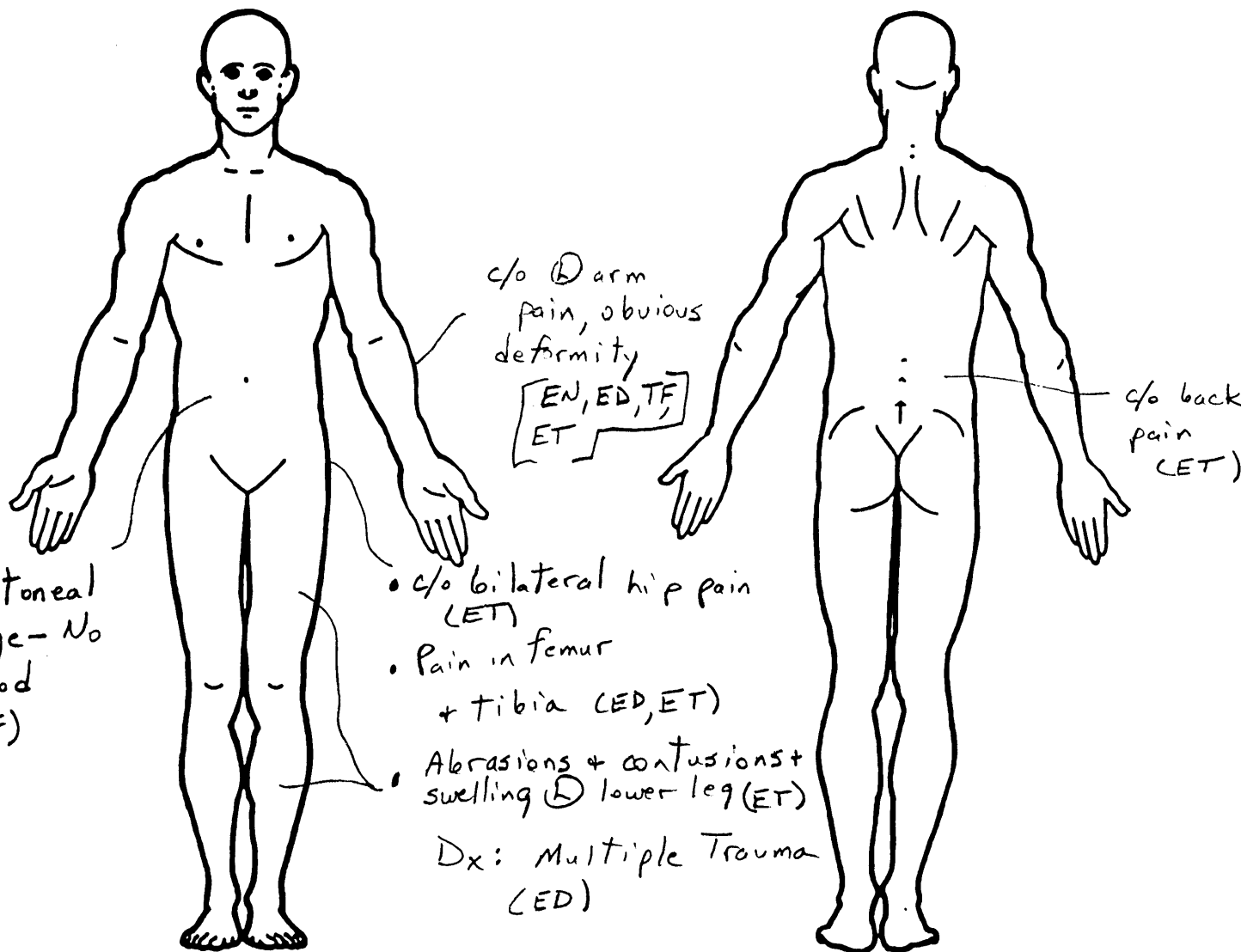
Arterial Blood Gases

pH = ____

PO₂ = ____

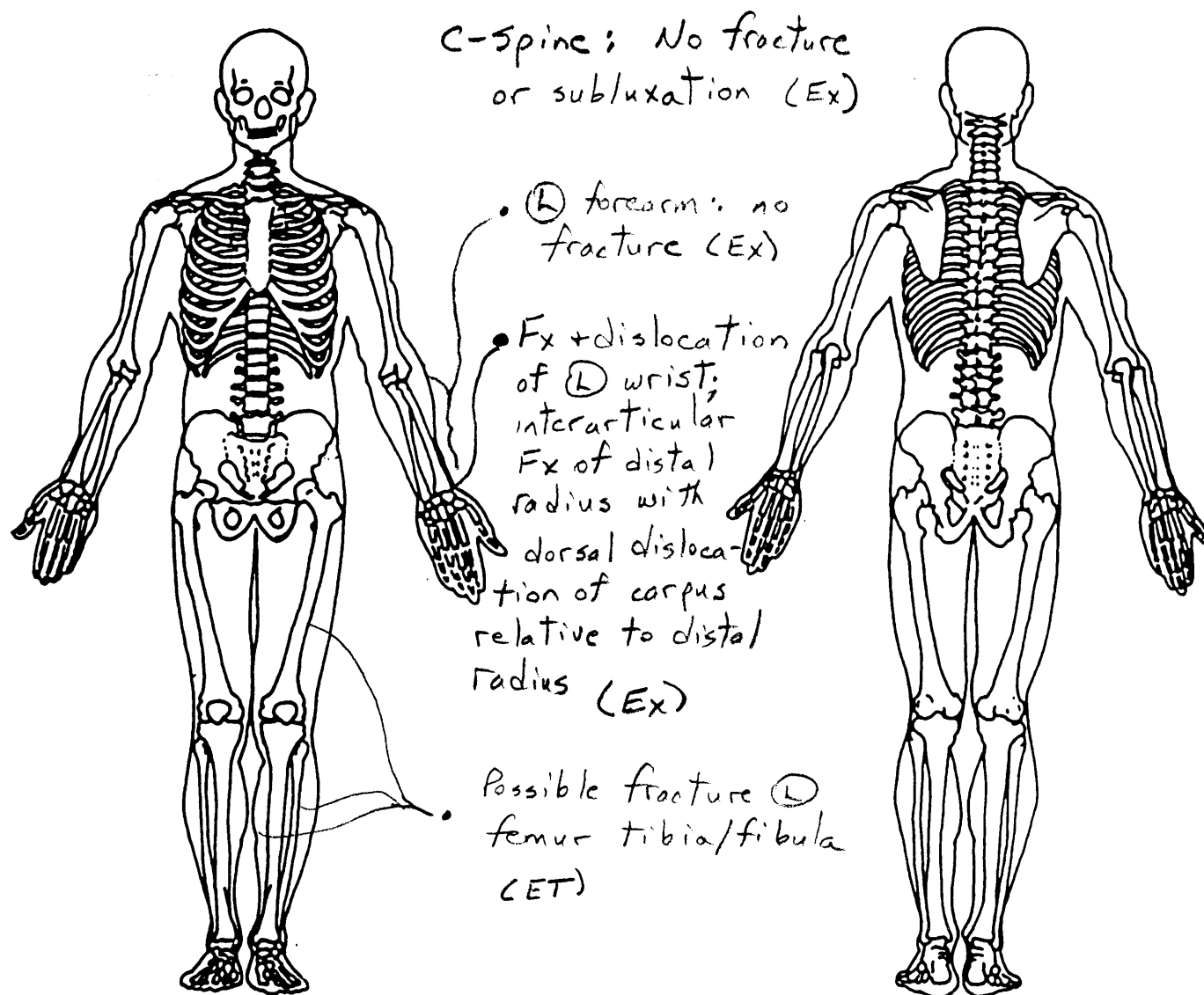
PCO₂ = ____

HCO₃ = ____



OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

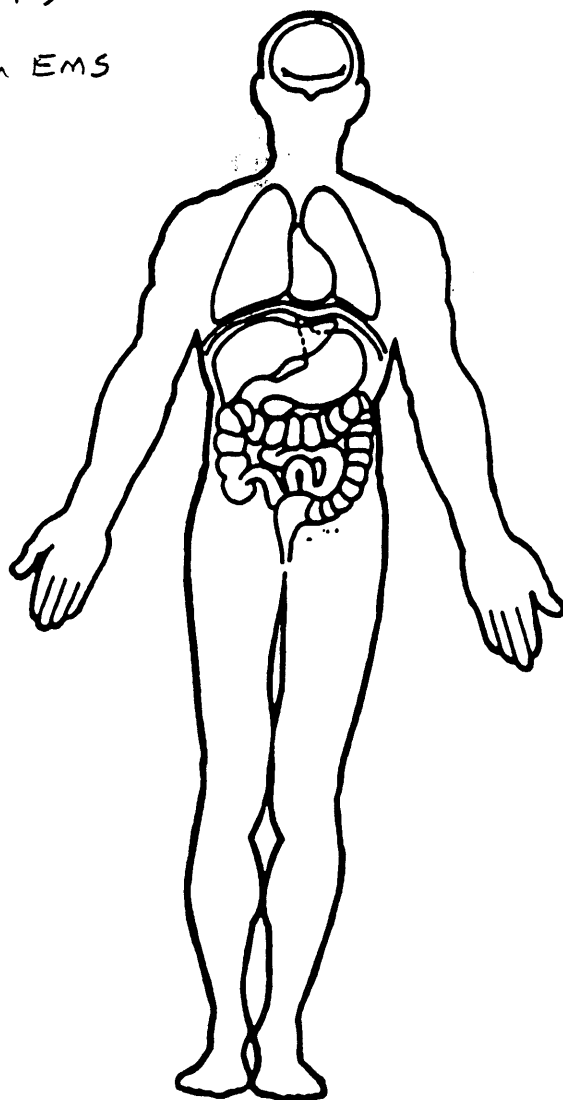
- FRONT**
- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____
- LEFT SIDE**
- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (056) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____
- RIGHT SIDE**
- (101) Right side interior surface, excluding hardware or armrests
- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____
- INTERIOR**
- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____
- AIR BAG**
- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry
- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____
- ROOF**
- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- FLOOR**
- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake
- REAR**
- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____
- ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT**
- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof
- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____
- EXTERIOR of OCCUPANT'S VEHICLE**
- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects
- EXTERIOR OF OTHER MOTOR VEHICLE**
- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle
- OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT**
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object
- NONCONTACT INJURY**
- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

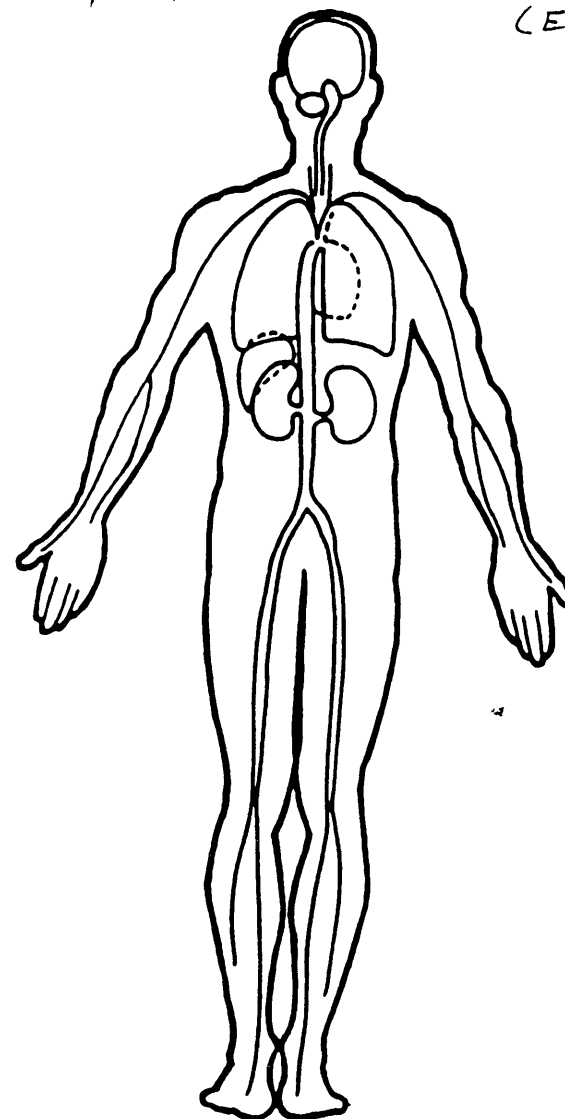
- Alert on arrival ER
(EN,TF)

- Alert on EMS
arrival
(ET)



- (+) LOC
(EN,TF)

- Pt reports LOC of
unknown time
(ET)



- Crying arm
in splint
(NN)

CAUSE OF DEATH

ICD-9-CM

813.42 closed fracture of distal radius (ER)

79.02 closed reduction of radial fracture without internal fixation (ER)
E 812.1 MVA involving passenger (ER)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

TF = Emergency Department Trauma Flow Sheet

EMERGENCY RECORD

FAMILY ☐ YES
HERE? ☐ NO

E935-08M

DATE

nn

MISSOURI

EMERGENCY DEPARTMENT TRAUMA FLOW SHEET

Today's Date: 1/96

Time Arrived: [REDACTED]	Arrived By: [REDACTED]	Name: [REDACTED]	Age: 48			
Last Tetanus	Allergies: NKA	Medications: NONE				
History: MVA - RESTRAINED PASSENGER IN A MINI-VAN. NOT ejected. Required extrication. LOC(+). Chief % ① arm pain - obvious fx.						
TREATMENT IN PROGRESS ON ARRIVAL			LMP:			
<input checked="" type="checkbox"/> Oral Airway	<input type="checkbox"/> E.T.	<input checked="" type="checkbox"/> Monitor	<input checked="" type="checkbox"/> Collar/Backboard			
<input type="checkbox"/> Nasal Airway	<input type="checkbox"/> E.O.A.	<input type="checkbox"/> Mast	<input type="checkbox"/> Pressure Dressing			
<input checked="" type="checkbox"/> Oxygen	<input type="checkbox"/> CPR	<input checked="" type="checkbox"/> IV Therapy	<input checked="" type="checkbox"/> Splints			
PRIMARY SURVEY						
AIRWAY: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Obstructed		CIRCULATION: <input type="checkbox"/> Pulse Present				
BREATHING: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Apneic		<input type="checkbox"/> Cardiac Rhythm				
HEMORRHAGE: <input checked="" type="checkbox"/> None <input type="checkbox"/> Area						
NEURO: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Responds to Verbal <input type="checkbox"/> Responds to Pain <input type="checkbox"/> Unresponsive						
SECONDARY SURVEY						
HEAD: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Lacerations <input type="checkbox"/> Abrasions <input type="checkbox"/> Contusions						
EYES OPEN: <input checked="" type="checkbox"/> Spontaneously <input type="checkbox"/> To Verbal <input type="checkbox"/> To Pain <input type="checkbox"/> Do Not Open						
PUPILS: (R) <input checked="" type="checkbox"/> Reactive <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Equal						
(L) <input checked="" type="checkbox"/> Reactive <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted						
NECK: <input type="checkbox"/> WNL <input type="checkbox"/> Lacerations <input type="checkbox"/> Abrasions <input type="checkbox"/> Tracheal Deviation						
SKIN: <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Warm <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic						
CHEST: <input type="checkbox"/> Lacerations <input type="checkbox"/> Abrasions <input type="checkbox"/> Contusions <input type="checkbox"/> Penetrating Wnds <input type="checkbox"/> Paradoxical Mvmt						
<input checked="" type="checkbox"/> Normal Breath Sounds <input type="checkbox"/> Decreased (R) (L) <input type="checkbox"/> Absent (R) (L)						
ABD/PELVIS: <input type="checkbox"/> Lacerations <input type="checkbox"/> Abrasions <input type="checkbox"/> Contusions <input type="checkbox"/> Distended <input type="checkbox"/> Rigid <input type="checkbox"/> Tender						
<input checked="" type="checkbox"/> Bowel Sounds <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Present						
EXTREMITIES						
Lacerations	(L) ARM <input type="checkbox"/>	(R) ARM <input type="checkbox"/>	(L) LEG <input type="checkbox"/> (R) LEG <input type="checkbox"/>			
Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
Contusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
Swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
Deformity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
Paresthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
PULSES: (L) <input checked="" type="checkbox"/> Radial <input type="checkbox"/> Pedal <input type="checkbox"/> Femoral						
(R) <input checked="" type="checkbox"/> Radial <input type="checkbox"/> Pedal <input type="checkbox"/> Femoral						
SPINE/BACK <input type="checkbox"/> Deformity <input type="checkbox"/> Abrasion <input type="checkbox"/> Contusion						
<input type="checkbox"/> Other:						
MEDICATIONS						
Time	Med	Dose	Route	Signature		
INTAKE (PO, IV)			OUTPUT (URINE, NG, CT, ETC.)			
Time	Type	Amount	Time	Type	Trait	Amount

TRAUMA SCORING		TIMES										NOTES
GLASGOW COMA SCALE		1300	1300	1300								
EYE OPENING: Spontaneous(4) To Voice(3) To Pain(2) None(1)		4	1	4								
VERBAL RESPONSE Oriented(5) Confused(4) Inappropriate Words(3) Incomprehensible Words(2) None(1)		5	1	5								
MOTOR RESPONSE: Obeys(6) . Purposeful(5) Withdraws(4) . Flexion(3) Extension(2) . None(1)		6	1	6								
GLASGOW TOTAL -		15	1	15								
A. GLASGOW COMA SCORE 13-15- 4 . 9-12- 3 . 6-8- 2 . 4-5- 1 . <3- 0		4	1	4								
B. RESPIRATORY RATE: 10-29- 4 . >29- 3 . 6-9- 2 1-5- 1 . 0-0		4	X	4								
C. SYSTOLIC BLOOD PRESSURE >89- 4 . 76-89- 3 . 50-75- 2 1-49- 1 . 0-0		98	1	4								
REVISED TRAUMA SCORE (Add A+B+C)		12	1	12								
PUPILS: B-Brisk S-Sluggish F-Fixed D-Dilated C-Constricted												
RIGHT	Size	3	1	3								
	Response	B	1	B								
LEFT	Size	3	1	3								
	Response	B	1	B								
BLOOD PRESSURE		98	1	110								
TEMPERATURE		18	1	20								
PULSE		86	1	98								
RESPIRATIONS		22	1	22								
CAPILLARY REFILL		prompt	1									
DISPOSITION		TIME: TO:										
Report called to:												
Disposition of Belongings:												
ED Physician: Admitting												
Trauma Surgeon: Called Arrive												
Ortho: Called Arrive												
Neuro: Called Arrive												
Other: Called Arrive												
SB Removed per order: Time												
CC Removed per order: Time												
BE SURE FORM IS COMPLETED AND SIGNED !												
R.N. SIGNATURE												

X-RAY REPORT

FAMILY NAME [REDACTED]		FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	ROOM NO. ER	HOSP NO. [REDACTED]
NAME - PART [REDACTED]		SEX M (F)	AGE - YEARS 47	X-RAY NO. [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]			DATE [REDACTED] 96	O.P.D. NO. [REDACTED]	

REPORT:

[REDACTED] 96

CERVICAL SPINE

No fracture or subluxation is seen in the cervical spine.

[REDACTED]

[REDACTED] 1996

 SIGNATURE OF RADIOLOGIST

[REDACTED]
[REDACTED] Mo [REDACTED]
INSTANT REPORT

Patient name: [REDACTED]

M.R.N.: [REDACTED] Room: [REDACTED] Bed: [REDACTED]

Location: EMERGENCY DEPARTMENT

Billing no.: [REDACTED]

Adm.date: [REDACTED]/96 Surg.date: [REDACTED]

Att.physician: NON-STAFF, DOCTOR

DOB: [REDACTED] Age: 47 Sex: F

Order Id : [REDACTED]

FINAL

Date&Time Ordered: [REDACTED]/96 23:02

Req. physician: [REDACTED], DO

HEMATOLOGY

TEST-NAME	RESULT	FLAG	NRML-RANGE	UNITS	DATE	TIME	TECH
S-PROFILE							
COLLECTED [REDACTED]/96 [REDACTED]							
WBC	16.7	H	4.8-10.8	10 ³ /ul	[REDACTED]	/95	JW
RBC	4.09	L	4.20-5.40	10 ⁶ /ul	[REDACTED]	/95	JW
HEMOGLOBIN	12.3		12.0-16.0	g/dl	[REDACTED]	/95	JW
HEMATOCRIT	36.0	L	37.0-47.0	%	[REDACTED]	/95	JW
MCV	88.0		81.0-99.0	fl	[REDACTED]	/95	JW
MCH	30.2		27.0-31.0	pg	[REDACTED]	/95	JW
MCHC	34.2		31.0-35.0	g/dl	[REDACTED]	/95	JW
RDW	12.5		11.5-14.5	%	[REDACTED]	/95	JW
PLATELET COUNT	378		150-450	10 ³ /ul	[REDACTED]	/95	JW
MEAN PLATELET VOLUME	7.0	L	7.4-10.4	fl	[REDACTED]	/96	JW
DIFFERENTIAL							
LYMPHOCYTE%	22.0		20.5-51.5	%	[REDACTED]	/95	JW
MONO%	9.0		1.7-9.3	%	[REDACTED]	/95	JW
NEUTROPHILS%	68.0		42.7-75.2	%	[REDACTED]	/96	JW
EOSINOPHILS%	0.0		0.0-10.0	%	[REDACTED]	/95	JW
BASOPHILS%	1.0		0.0-0.8	%	[REDACTED]	/95	JW
LYMPHOCYTE, ABSOLUTE	3.7	H	1.2-3.4	10 ³ /ul	[REDACTED]	/95	JW
NEUTROPHILS, ABSOLUTE	11.4	H	1.4-6.5	10 ³ /ul	[REDACTED]	/95	JW
MONOCYTES, ABSOLUTE	1.5	H	0.1-0.6	10 ³ /ul	[REDACTED]	/95	JW
EOSINOPHILS, ABSOLUTE	0.0		0.0-0.7	10 ³ /ul	[REDACTED]	/95	JW
BASOPHILS, ABSOLUTE	0.2		0.0-0.2	10 ³ /ul	[REDACTED]	/95	JW

@If no bands are indicated, less than 10% are present.

Patient name: [REDACTED]
Location: EMERGENCY DEPARTMENT

MRN: [REDACTED] Room: [REDACTED]
Att.physician: NON-STAFF, DOCTOR

**MISSOURI COUNTY
REGIONAL MEDICAL CENTER**

X-RAY REPORT

FAMILY NAME		FIRST NAME	MIDDLE NAME	ROOM NO.	HOSP. NO.
				PR	
NAME - PART		SEX	AGE - YEARS	X-RAY NO.	
<input type="checkbox"/> Treatment of <input type="checkbox"/> Examination of		ST F	47		
LEFT LEG TIB FIB & POST-REDUCTION LT. WRIST			DATE	O.P.D. NO.	
ATTENDING PHYSICIAN					

REPORT:

LEFT WRIST

There is fracture/dislocation of the left wrist. There is an interarticular fracture of the distal radius, and there is dorsal dislocation of the carpus relative to the distal radius, with some overlapping of the distal radius with the proximal carpal row.

LEFT WRIST, POST REDUCTION

Post-reduction views of the left wrist demonstrate reduction of the fracture/dislocation of the left wrist. The interarticular fracture of the distal radius is again noted. A cast is seen.

LEFT FOREARM

Other than the distal radial fracture, no fracture is seen in the left forearm. This examination is probably suboptimal for evaluation of the elbow, and if there is a suspected injury to the radial head or other portion of the elbow, additional radiographs are suggested.

1996

SIGNATURE OF RADIOLOGIST

**MISSOURI COUNTY
REGIONAL MEDICAL CENTER**
Missouri

X-RAY REPORT

FAMILY NAME		FIRST NAME	MIDDLE NAME	ROOM NO.	HOSP. NO.
				ER	
<input type="checkbox"/> Treatment of <input type="checkbox"/> Examination of		NAME - PART	SEX	AGE - YEARS	X-RAY NO.
		LEFT FEMUR	LEFT FORARM (F)	47	
ATTENDING PHYSICIAN			DATE	O.P.D. NO.	
			96		

REPORT:**CHEST**

Portable anteroposterior supine chest radiograph.

Artifact from a trauma device overlies the chest. The lungs appear clear. The heart is probably within normal limits in size for technique. The mediastinum is within normal limits in width. The aortic knob is visible. No pleural fluid or pneumothorax is seen. Cardiac monitoring electrodes are identified.

IMPRESSION

1. No acute cardiopulmonary disease.

LEFT FEMUR

No fracture is seen of the left femur.

LEFT LEG

No fracture is seen in the left tibia or fibula.

, 1996

 SIGNATURE OF RADIOLOGIST

MISSOURI AMBULANCE REPORTING FORM

Date of Run: 10/10/90
 Ambulance Service: Amul Dis
 Vehicle License #: 186
 Ambulance Service Name: Amul Dis

LOCATION OF PICKUP

Name of Hospital, Nursing Home, Clinic, or Street Route: 186
 County: 186
 State: 186 Zip: 186

ODOMETER

At dispatch: 186
 At scene: 186
 At destination: 186

BILLING INFORMATION

Guarantor's name (if different from patient): _____ Relationship: _____
 Address: _____ Phone #: _____
 City: _____ State: _____ Zip Code: _____
 Patient Social Security #: _____ Employer: _____
 Guarantor Social Security #: _____ Employer: _____
 Insurance Company, Group & Policy Numbers: _____
 Medicare #: _____ State: _____
 Medicaid #: _____ State: _____

TYPE OF RUN

TO SCENE ☒ Lights/Sirens
☐ Emergency response requested
☐ Non-emergency response (routine)
 FROM SCENE ☒ Lights/Sirens
☐ Life threatening, transported
☐ Urgent, transported
☐ Routine, transported
☐ Treated, transferred care
☐ Treated, transported by private vehicle
☐ Treated and released
☐ No treatment required
☐ Patient refused care and/or transport
☐ Dead at scene, not transported
☐ Cancelled
☐ No patient found
☐ Crank call

TIMES

Call Received: 186
 Unit Dispatched: 186
 Unit En Route: 186
 Arrive Location: 186
 Arrive Patient: 186
 Depart Location: 186
 Arrive Destination: 186
 Unit Available: 186

PLACE OF INCIDENT

☐ Home
☐ Farm
☐ Mine/Quarry
☐ Industrial Place
☐ Recreation or Sport
☐ Street or Highway
☐ Public Building
☐ Residential Institution (hospital)
☐ Other
☐ Unspecified

PATIENT DESTINATION

Referring Physician: PCK/116
 Receiving Physician: 186
 Driver or Pilot: 186 Lic: 186
 Attendant #1: 186 Lic: 186
 Attendant #2: 186 Lic: 186
 Person Receiving Patient: 186
 Medical Control Name/Hospital: 186

PRIOR CARE BY:

☐ Ambulance Service ☐ Police ☐ Fire ☐ Medical Facility ☐ Bystander ☐ Other ☐ Family

Aid/Diagnostics/Treatment

Name: _____

PEDIATRIC TRAUMA SCORE COMPONENTS (P.T.S.)

Weight: 186
 Airway: 186
 Systolic Blood Pressure: 186
 Central Nervous System: 186
 Wounds: 186
 Fractures: 186
 TOTAL P.T.S.: 186

REVISED TRAUMA SCORE COMPONENTS (R.T.S.)

Systolic Blood Pressure: 186
 Respiratory Rate: 186
 Glasgow Coma Score: 186
 Eye Opening: 186
 Best Verbal Response: 186
 Best Motor Response: 186
 TOTAL R.T.S.: 186

PROTECTIVE EQUIPMENT

☐ None
☐ Unknown
☐ Seat Belt
☐ Child Seat
☐ Air Bag
☐ Belt & Bag
☐ Helmet
☐ Other
☐ Not Applicable

FACTORS AFFECTING EMS

☐ Adverse weather ☐ Hazardous materials
☐ Adverse road conditions ☐ Crowd control
☐ Traffic problems ☐ Med. Control failure
☐ Unsafe scene ☐ Other
☐ Language barrier ☐ Not applicable
☐ Extrication >20 minutes

TREATMENT AUTHORIZATION

☐ On-line (radio/telephone)
☐ On-scene
☐ Protocol
☐ Written orders (patient specific)
☐ Orders refused
☐ Unknown
☐ Not applicable

TRAUMA ASSESSMENT

(circle boxes that apply)

	Amputation	Burn	Crush	Dislocation/FX	Blunt	Gunshot	Laceration	Puncture/Stab	Pain	Soft Tissue
Head	00	10	20	30	40	50	60	70	80	90
Face/Eye/Ear	01	11	21	31	41	51	61	71	81	91
Neck	02	12	22	32	42	52	62	72	82	92
Spine	03	13	23	33	43	53	63	73	83	93
Thorax	04	14	24	34	44	54	64	74	84	94
Abdomen/Pelvic Contents	05	15	25	35	45	55	65	75	85	95
Upper Arm/Shoulder	06	16	26	36	46	56	66	76	86	96
Lower Arm/Hand/Elbow	07	17	27	37	47	57	67	77	87	97
Upper Leg/Hip	08	18	28	38	48	58	68	78	88	98
Lower Leg/Foot/Knee	09	19	29	39	49	59	69	79	89	99

ILLNESS ASSESSMENT

☐ Abdominal pain/problems ☐ Poisoning/drug ingestion
☐ Airway obstruction ☐ Pregnancy/O.B. delivery
☐ Allergic reaction ☐ Respiratory arrest
☐ Altered level consciousness ☐ Respiratory distress
☐ Behavioral/psychiatric ☐ Seizure
☐ Cardiac arrest ☐ Stroke inhalation
☐ Cardiac rhythm disturbance ☐ Stroke/O.A.
☐ Chest pain/discomfort ☐ Syncope/fainting
☐ Diabetic symptoms ☐ Vaginal hemorrhage
☐ Hyperthermia ☐ Other
☐ Hypothermia ☐ Unknown
☐ Hypovolemia/shock ☐ Not applicable (trauma)
☐ Inhalation injury (toxic gas)

DESTINATION DETERMINATION

☐ Closest facility (none below)
☐ Patient/family choice
☐ Patient physician choice
☐ Managed care
☐ Law enforcement choice
☐ Protocol
☐ Specialty resource center
☐ On-line medical direction
☐ Diversion (name of hospital diverted from)
☐ Other
☐ Unknown
☐ Not applicable

PATIENT CONSENT TO TREATMENT/TRANSPORT, AUTHORIZATION & RELEASE

I, the undersigned, hereby authorize the Ambulance Service named on this form to provide emergency or non-emergency transportation and any medical treatment or services deemed necessary. By authorizing such treatment and/or transportation, I acknowledge that I am responsible for paying for all charges based on current billing rates, regardless of whether or not I personally requested ambulance service originally. I hereby assign to the Ambulance Service all my rights and benefits for ambulance services provided by any and all of my insurers and any third party agencies. I further authorize my insurers and any third party agencies to pay directly to the Ambulance Service any and all benefits or payments may be available for services rendered to me or my dependents by the Ambulance Service. I hereby authorize any holder of any medical, hospital, or other records or information about me or my dependents to release to the Ambulance Service, its intermediaries or other carriers, as well as to the Ambulance Service, any such information needed to determine insurance and other third party benefits payable for any services provided to me or my dependents by the Ambulance Service or for related services now or in the future.

Date: 1/1/ Witness: X

PATIENT INFORMATION

Last Name: [REDACTED] First Name: [REDACTED] M.I.: [REDACTED]
 Street, Route, etc.: [REDACTED]
 City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Date of Birth

Age in Years

6/1/47
 Month Day Century Year

47

RACE: 1 Black 2 White 3 Other 4 Hispanic 5 Indian 6 Asian
 SEX: 1 Male 2 Female Weight: [REDACTED] (lbs)

PRE-EXISTING CONDITION

21 Behavioral/Psych 24 Hypertension
 22 Blood disorder 25 Neuro/Seizure/Para.
 23 Cardiac 26 Respiratory
 27 Cancer 28 Other
 29 Communicable Disease 30 Unknown
 31 Diabetes 32 None
 33 Dialysis/Renal failure

TIME	B.P.	P.	R.	SaO2	TIME	MEDICATION	RT	DOSAGE	FLUIDS	IN (ml)	OUT (ml)
	68/50	12	28			Oxygen	NRB	100%	Blood		
	50	100	24			100% O2	IV	w/c	IV Fluids	750	
	92	116	24						Oral Fluids		
						7.5			Emesis		
									Urine		
						42			TOTALS	900	

ONSET: Date: [REDACTED] Time: [REDACTED] Personal Protection Equipment Utilized: [REDACTED]

Chief Complaint:

--- MVC pt is 47yo female passenger in mini van
 struck by another vehicle -
 Pt report loss of consciousness unknown time Bilateral
 hip pain - left thigh pain left lower leg pain and
 back pain - pt pale, warm, dry PRR, L5 S1 RTA
 soft non tender, cap refill delayed - Noted obvious
 fracture to left forearm (swelling & deformity, pain & movement) -
 good pulse & perfusion to all extremities, forearm splinted
 with board splint - C collar applied - pt unstable, spine
 board placed, possible fracture to left femur - left
 hip/leg (noted swelling, deformity & contusion) to left lower
 leg - pt has splinted laceration - Wounded 100%
 Rt forearm O2 sat 100% NRS - 1/2 IV allent

Rx Meds:

Allergies:

AID DIAGNOSTIC/TREATMENT

01 02 Bag mask/Demand valve 03 04 Bleeding controlled 05 06 Blood Specimen/drawn 07 08 C.P.R. 09 10 Cardiac pacing # _____ mA 11 12 Cardioversion _____ watts/sec. # _____ attempts 13 14 Crithothyrotomy 15 16 Defibrillation _____ watts/sec. # _____ attempts	17 18 Doppler 19 20 Drug administered 21 22 Oral tracheal or Nasal tracheal tube # _____ attempts 23 24 Oral tracheal or Nasal tracheal tube failed # _____ attempts 25 26 Other airway 27 28 EKG monitor 29 30 Extremity splint 31 32 Extrication 33 34 Rapid extrication 35 36 Glucose test _____ mg/dl	37 38 Hemodynamic monitor 39 40 I.V. administered 18 41 42 I.V. failed 43 44 I.V. maintained 45 46 Infusion pump _____ rpm 47 48 Intraosseous infusion # _____ 49 50 Isolette _____ FO2 51 52 Mechanical ventilator 53 54 N.G. tube 55 56 O.S. delivery	57 58 Oxygen by cannula _____ lpm 59 60 Oxygen by mask _____ lpm 61 62 P.C.P.D. applied 63 64 Pulse oximetry 65 66 Restraints 67 68 Spinal immobilization 69 70 Suction airway 71 72 Thoracostomy 73 74 Stretcher 75 76 Other _____
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NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE OTHER SECOND SEATED PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9618

3. Vehicle Number 01

4. Occupant Number 04

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 05

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex 2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height 127

Code actual height to the nearest
centimeter.

(999) Unknown

50 inches X 2.54 = 127 centimeters

8. Occupant's Weight 028

Code actual weight to the nearest
kilogram.

(999) Unknown

61 pounds X .4536 = 27 kilograms

9. Occupant's Role 2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 24

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): Between 21 and 22

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture 8

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

No seating position

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 0

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 9

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):
- ☐ Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment 0
(This Occupant Position)

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag 0
Availability/Function

(This Occupant Position)

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First 0
Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System 0
Failure?

(This Occupant Position)

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

- (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact +
- 0 0 0

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

- (_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

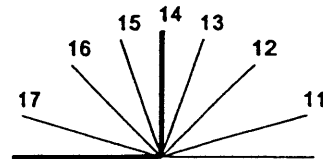
49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 03
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

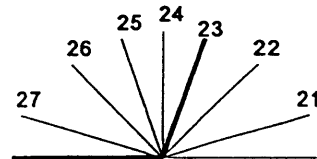
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

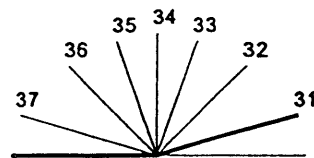
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

(998) Unknown make/model
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):
 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0
 (00) No child safety seat
Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):
 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):
 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):
 (29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
 harness/shield/tether added

(09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 01

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 11

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score 15
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE OTHER SECOND SEATED PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9619</u>	4. Occupant Number	<u>04</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
Abrasion (1) 1st forehead	5. <u>2</u>	6. <u>2</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>7</u>	12. <u>001</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
Contusion (1) 2nd forehead	16. <u>2</u>	17. <u>2</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>7</u>	23. <u>001</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
Abrasion (1) 3rd under eye	27. <u>2</u>	28. <u>2</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>2</u>	34. <u>001</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
Contusion (1) 4th face (eye)	38. <u>2</u>	39. <u>2</u>	40. <u>9</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>2</u>	45. <u>001</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
Abrasion (1) 5th mouth	49. <u>2</u>	50. <u>2</u>	51. <u>9</u>	52. <u>02</u>	53. <u>02</u>	54. <u>1</u>	55. <u>8</u>	56. <u>001</u>	57. <u>2</u>	58. <u>1</u>	59. <u>00</u>
Contusion (1) 6th mouth	60. <u>2</u>	61. <u>2</u>	62. <u>9</u>	63. <u>04</u>	64. <u>02</u>	65. <u>1</u>	66. <u>8</u>	67. <u>001</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>
Abrasion (1) 7th chest	71. <u>2</u>	72. <u>4</u>	73. <u>9</u>	74. <u>02</u>	75. <u>02</u>	76. <u>1</u>	77. <u>2</u>	78. <u>011</u>	79. <u>2</u>	80. <u>1</u>	81. <u>00</u>
Contusion (1) 8th mid chest	82. <u>3</u>	83. <u>4</u>	84. <u>9</u>	85. <u>04</u>	86. <u>02</u>	87. <u>1</u>	88. <u>4</u>	89. <u>011</u>	90. <u>2</u>	91. <u>1</u>	92. <u>00</u>
Abrasion (1) 9th Abdomen	93. <u>2</u>	94. <u>5</u>	95. <u>9</u>	96. <u>02</u>	97. <u>02</u>	98. <u>1</u>	99. <u>2</u>	100. <u>011</u>	101. <u>2</u>	102. <u>1</u>	103. <u>00</u>
Abrasions (2) 10th proximal upper arm (elbow)	104. <u>2</u>	105. <u>7</u>	106. <u>9</u>	107. <u>02</u>	108. <u>02</u>	109. <u>1</u>	110. <u>1</u>	111. <u>180</u>	112. <u>2</u>	113. <u>1</u>	114. <u>00</u>

.I.S. - 90

A.I.S. - 90											
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
Lacerations ⑩ 11th Hand	<u>3</u>	<u>7</u>	<u>9</u>	<u>06</u>	<u>02</u>	<u>1</u>	<u>1</u>	<u>001</u>	<u>3</u>	<u>1</u>	<u>00</u>
12th	—	—	—	— — —	—	—	— — — —	—	—	— —	
13th	—	—	—	— — —	—	—	— — — —	—	—	— —	
14th	—	—	—	— — —	—	—	— — — —	—	—	— —	
15th	—	—	—	— — —	—	—	— — — —	—	—	— —	
16th	—	—	—	— — —	—	—	— — — —	—	—	— —	
17th	—	—	—	— — —	—	—	— — — —	—	—	— —	
18th	—	—	—	— — —	—	—	— — — —	—	—	— —	
19th	—	—	—	— — —	—	—	— — — —	—	—	— —	
20th	—	—	—	— — —	—	—	— — — —	—	—	— —	
21st	—	—	—	— — —	—	—	— — — —	—	—	— —	
22nd	—	—	—	— — —	—	—	— — — —	—	—	— —	
23rd	—	—	—	— — —	—	—	— — — —	—	—	— —	
24th	—	—	—	— — —	—	—	— — — —	—	—	— —	
25th	—	—	—	— — —	—	—	— — — —	—	—	— —	

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity	The exceptions to this rule apply to:		(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified			(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion	(1) Minor Injury	(2) Moderate Injury
(3) Nerves	(06) Skin - Laceration	(2) Moderate Injury	(3) Serious Injury
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(3) Serious Injury	(4) Severe Injury
(5) Skeletal (includes joints)	(10) Amputation	(4) Severe Injury	(5) Critical Injury
(6) Head - LOC	(20) Burn	(5) Critical Injury	(6) Maximum (untreatable)
(9) Skin	(30) Crush	(6) Maximum (untreatable)	(7) Injured, unknown severity
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
OFFICIAL RECORDS (1) Autopsy records with or without hospital/medical records (2) Hospital/medical records other than emergency room (e.g., discharge summary) (3) Emergency room records only (including associated X-rays or other lab reports) (4) Private physician, walk-in or emergency clinic UNOFFICIAL RECORDS (5) Lay coroner report (6) E.M.S. personnel (7) Interviewee (8) Other source (specify): _____ (9) Police	(1) Certain (2) Probable (3) Possible (9) Unknown	(1) Direct contact injury (2) Indirect contact injury (3) Noncontact injury (7) Injured, unknown source

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

• Lives with Grandparents (ND)

• Admitted to rule out possible occult abdominal injury (HP)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Restrained?

☒ No (ND)

☐ Yes

Blood Alcohol Level (mg/dl)

BAL =

Glasgow Coma Scale Score

GCSS = 15 (PN1, ET)

Units of Blood Given

Units =

Arterial Blood Gases

pH =

PO₂ =

PCO₂ =

HCO₃ =

Weight 55 lbs (AF2)

MVA - Ø seatbelts (ND)

• Abrasions under
Ⓛ eye
(PN1, NA1)

• Sternal
tenderness
(HP)

• Dressing to
Ⓡ elbow
(PN2, NA2, NS)

• Abrasion, small, Ⓛ forehead (NA1)

• Contusions + abrasions Ⓛ forehead (NA2)

• Contusions + abrasions
Ⓛ eye area
(NA2)

• Contusions + abrasions
Ⓛ side of mouth (NA2)

• Contusion to chest, mid
(ENTF, ET)

• Abrasions Ⓛ chest
(NA1, NA2, ET)

• Abrasion abdomen, Ⓛ
(NA2)

• c/o abdomen
pain
(EN, HP, ET)

• Distended,
slightly
(ED, TF, HP, PN1)

• Multiple abrasions
and contusions to body
(PN2, NA2)

• Contusion Ⓛ side
of face (ET)

• Abrasions Ⓡ
proximal forearm
(HP, PP, NS)

• Abrasions Ⓡ
elbow
(ED)

• Laceration
to Ⓡ elbow
(ENTF, NA1, PN2, NA2, ET)

• Scratches to Ⓡ
hand
(EN)

• Laceration, 3 inches
long, Ⓡ elbow
(NA2)

National Accident Sampling System-Crashworthiness Data System: Occupant Injury Form

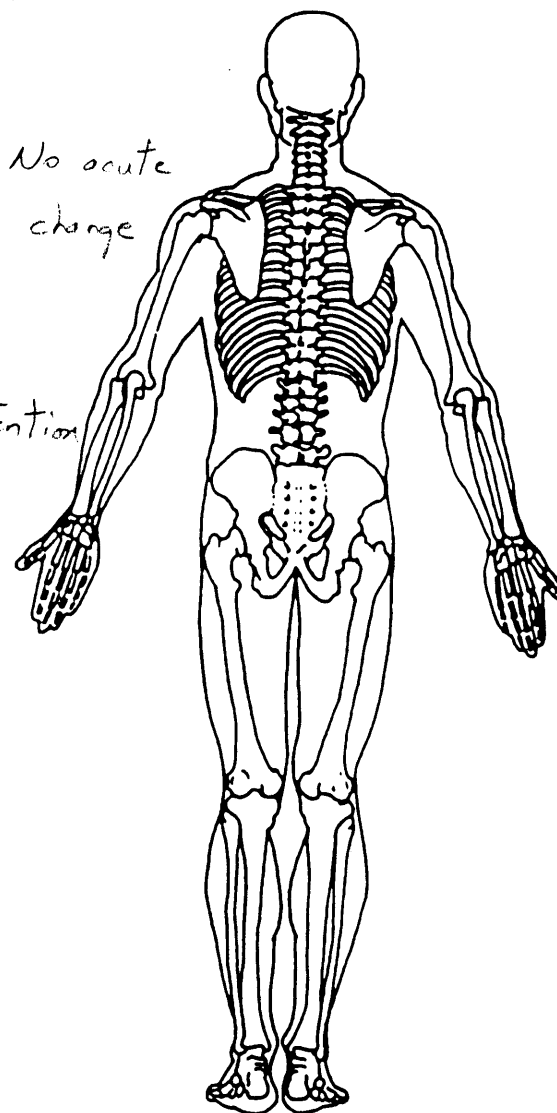
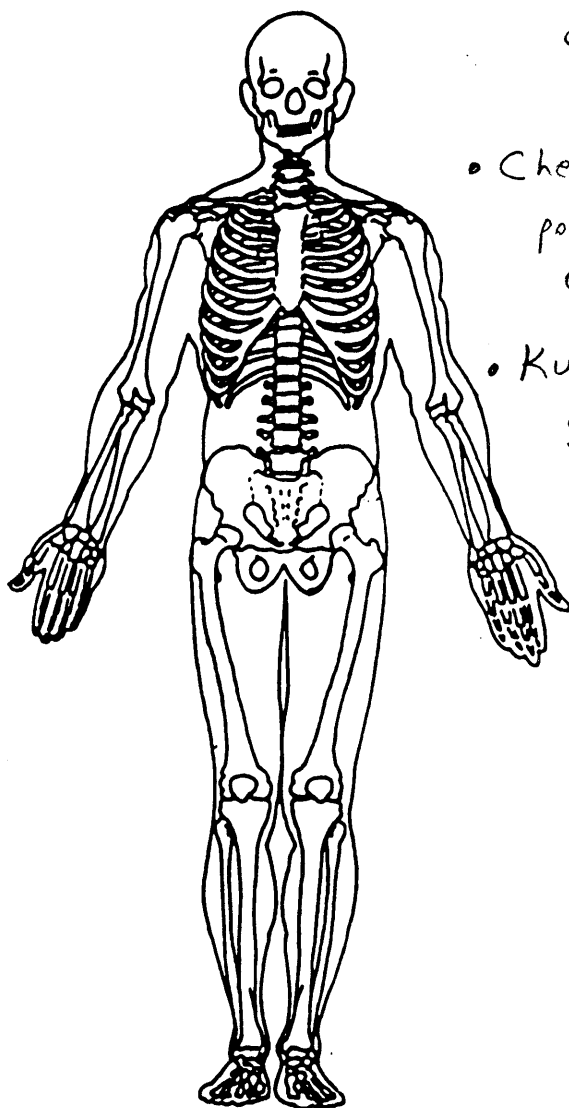
OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• C-Spine X-rays: Normal
(HP, EX)

• Chest X-Ray: No acute
post-traumatic change
(EX)

• KUB X-Ray:
gastric distention
(with air)
(EX)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts. (specify): _____
- (409) Additional or relocated switches. (specify): _____

- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

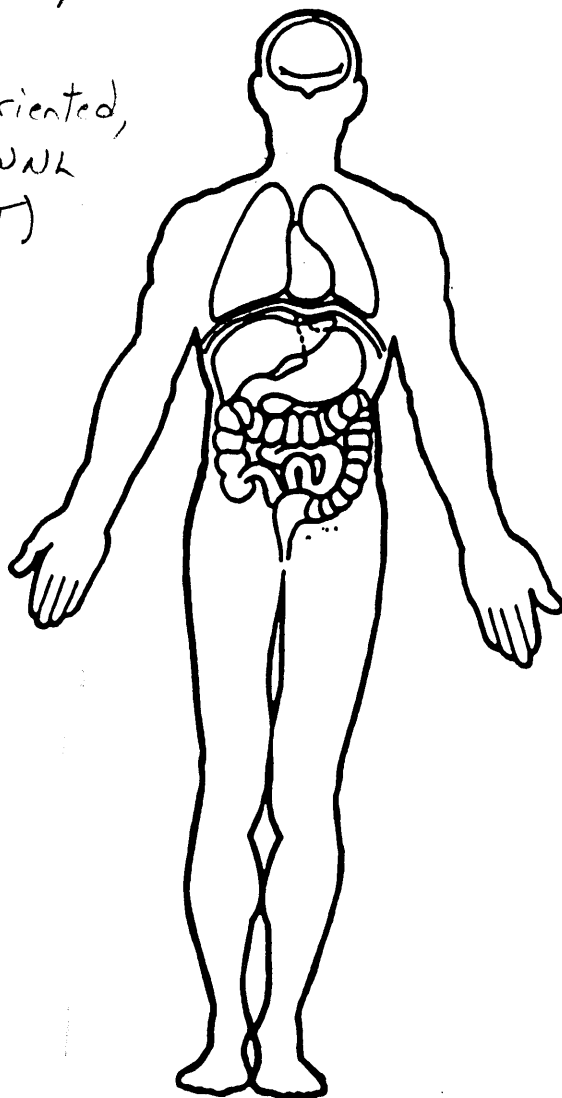
- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Alert, oriented, responds appropriately
(HP)

• Alert, oriented, Neuro WNL
(PN1, ET)

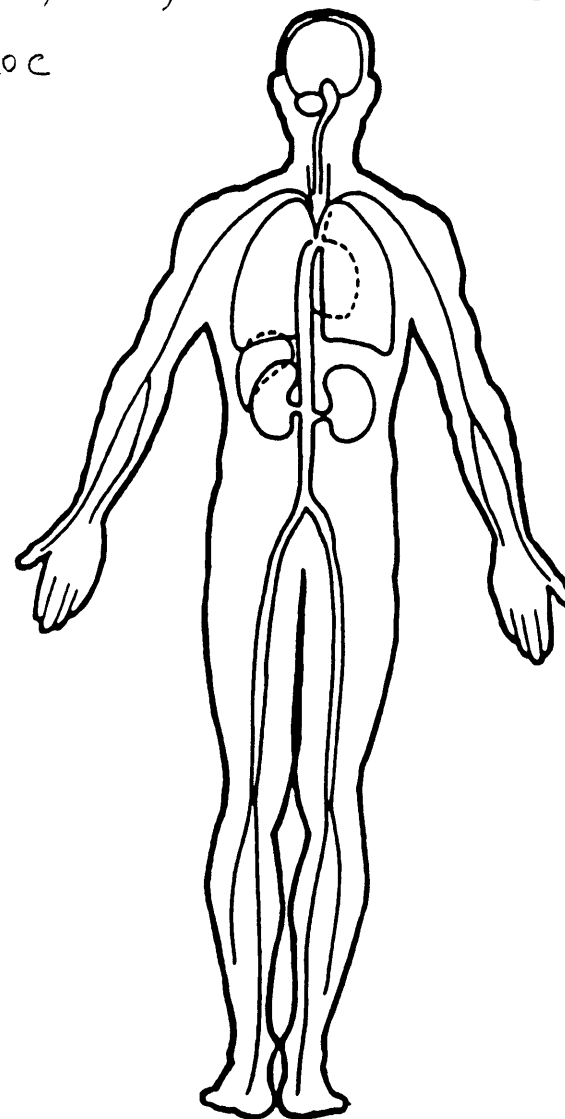


• Alert + crying @ scene (HP)

• Alert, crying for mother
(EN, PN1)

• Alert
(TF)

• Denies LOC
(ET)



CAUSE OF DEATH

ICD-9-CM

787.3 Flatulence, eructation, and gas pain FS

V71.4 Observation following MVA (FS)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
FN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

TF = Emergency Department Trauma Flow Sheet
 PP = Physician Progress Notes
 NA = Nursing Assessments
 ND = Pediatric Nursing Data Base
 NS = Nursing Discharge Summary

REGISTRATION
FORM

MEDICAL RECORD

FINAL DIAGNOSIS:

WVA

CODE

V71.4
787.3

OPERATIONS OR PROCEDURES:

Ileus

CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSIS AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

DO YOU HAVE A DURABLE POWER OF ATTORNEY?

☐ YES ☐ NO

DO YOU HAVE A LIVING WILL?

☐ YES ☐ NO

ARE YOU AN ASSIGNED ORGAN DONOR?

☐ YES ☐ NO

ATTENDING PHYSICIAN		DATE		ADMISSION NUMBER		MEDICAL RECORD NO.	
PATIENT NAME & ADDRESS		NEXT OF KIN NAME & ADDRESS		ADMISSION DATE & TIME		DISCHARGE	
BIRTH DATE		HOME PHONE NO.		FIN CL.		VETERAN	
AGE		WORK PHONE NO.		HOSP. SERV.		ROOM & BED	
RACE		EMERGENCY CONTACT NAME & ADDRESS		R.A.C.		ADM. BY	
CO. CODE		BIRTH PLACE		RELIGION		TYPE	
ADM. SOURCE		PREV. ADMIT		OCCUPATION/EMPLOYER NAME & ADDRESS		ATTENDING PHYSICIAN	
ADM. PRIORITY		DATE		PHONE NO.		BLACK OUT	
SMOKE		PREVIOUS NAME		INSURANCE INFORMATION		GUARANTOR INFORMATION	
BOL.		ADMITTING DIAGNOSIS		PLAN NO. MEDICARE CERTIFICATION NO.		GUARANTOR NO. RELATIONSHIP NAME & ADDRESS	
MVA		IF ACCIDENT - DATE & TIME		PLAN NO. MEDICAD PLAN NAME		GUARANTOR OCCUPATION/EMPLOYER NAME & ADDRESS	
		ACC'D CODE		NAME ON CARD		GUARANTOR EMPLOYER PHONE	
		JOB RELATED		COB			
				EFFECTIVE DATE			
				MEDICAD RECIPIENT NO.			
				EXPIRATION DATE			
				CASE LD. NO.			
				FOURTH PLAN NO.			
				GROUP			
				POLICY			
				EFFECTIVE DATE			
				SUBSCRIBER/INSURANCE CO. NAME AND ADDRESS			
				REL CD			
				COB			
				PRIVATE PAY			
				01			
				SUBSCRIBER/INSURANCE CO. NAME AND ADDRESS			
				REL CD			
				COB			
				00000			

MEDICAL RECORDS

ED ROOM NO TIME

EMERGENCY
RECORDFAMILY ☐ YES
HERE? ☒ NO

CHRONIC ILLNESSES					RX ALLERGIES					CURRENT RX	
<input type="checkbox"/> Hayfever	<input type="checkbox"/> Ulcer	<input type="checkbox"/> Cancer	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Steroids	MVA						
<input type="checkbox"/> Asthma	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/> Sulf	<input type="checkbox"/>							
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease	<input type="checkbox"/>	<input type="checkbox"/> Novocaine	<input type="checkbox"/>							
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney	<input type="checkbox"/> None Known	<input type="checkbox"/> Horse Serum	<input type="checkbox"/> None Known							
TIME	TEMP	PULSE	RESP	B.P.	DATE OF LAST TETANUS	NURSING ASSESSMENT					
10:00	98.2	110	28	110/28	2/28/80	MVA - Brought in by ambulance, back band, c-collar in place, C6 Abd pain, laceration to chest, abrasions, laceration to elbow, scratches to hand, Nsp nonlabored					
					WEIGHT	NURSE					
					25 lbs						
O2 sets @ 97%											
HEENT: WNL											
PE: Neck - Supple, 5 mm pain											
Chest: Clear, no crackles in lung											
Heart: ASK											
abd - distended, quiet											
Ext: abrasions @ elbow											
N. m. - normal											
Plan: Admit for observation											
Admit for observation											
PHYSICIAN(S)											
<p>CONSENT TO TREATMENT AND RELEASE OF MEDICAL INFORMATION: The undersigned hereby authorizes the hospital staff to administer those procedures deemed necessary by the emergency described herein, and in conjunction therewith to release any information on this report, and any medical or other records relating to the said patient's admission, confinement, and treatment in the hospital, to any physician, whether on the staff or certifying that he is treating said patient, to any health care agency or similar organization providing care to said patient, to any insurance company or other organization which provides medical or other insurance protection to said patient or his family or to any group of which said patient is a member or to such other parties as I may designate in writing.</p> <p>DATE _____ WITNESS _____</p> <p>SIGNATURE _____ RELATIONSHIP _____</p>											
<p>ASSIGNMENT OF INSURANCE BENEFITS: In consideration for the rendering of services to the below named patient by _____ and any attending physicians, I hereby assign any insurance benefits which cover treatment and/or admission directly to _____ or any attending physicians. I further understand that I remain personally liable for the payment of my bill at any time after my bill becomes due and payable.</p> <p>PATIENT/ PARENT GUARDIAN _____ DATE _____</p> <p>INSURED PERSON, IF OTHER THAN PATIENT _____ WITNESS _____</p>											
<p>RECEIPT NO. _____</p> <p>AMOUNT PAID _____</p>											
<p>ADMITTED TO ROOM NO. _____ TIME _____ REPORT GIVEN TO FLOOR _____ TIME _____ NAME _____ INITIALS _____</p> <p>DISCHARGE TIME _____ MODE _____ CONDITION ON DISCHARGE _____ STABLE _____ UNCHANGED _____ IMPROVED _____ OTHER _____ INSTRUCTIONS _____</p> <p>PATIENT NAME & ADDRESS _____ NEXT OF KIN NAME & ADDRESS _____ PATIENT FAMILY PHYSICIAN'S NAME & NO. _____</p> <p>PHONE _____ HOME PHONE NO. _____ WORK PHONE NO. _____</p> <p>BIRTHDATE _____ CHILD _____</p> <p>BROUGHT IN BY _____ PHONE NO. _____</p>											
<p>INSURANCE INFORMATION</p> <p>PLAN NO. MEDICARE CERTIFICATION NO. _____ PLAN NO. MEDICARE PLAN NAME _____ NAME ON CARD _____ COB _____</p> <p>EFFECTIVE DATE _____ COB _____ MEDICARE PAYMENT NO. _____ EXPIRATION DATE _____ CASE I.D. NO. _____</p> <p>POLICY _____ EFFECTIVE DATE _____</p> <p>THIRD PARTY NO. _____ FOURTH PARTY NO. _____ GROUP _____</p> <p>INSURANCE CO. NAME AND ADDRESS _____ REL CO. COB _____</p>											
<p>GUARANTOR INFORMATION</p> <p>GUARANTOR NO. RELATIONSHIP NAME & ADDRESS _____</p> <p>GUARANTOR OCCUPATION EMPLOYER NAME & ADDRESS _____</p> <p>UNEMPLOYED</p>											

PRIVATE PAY

[REDACTED]
[REDACTED]
[REDACTED] MISSOURI [REDACTED]

Patient Name: [REDACTED]
Attending Physician: [REDACTED]
Room Number: [REDACTED]
Date of Birth: [REDACTED]
Medical Record Number: [REDACTED]
Patient Account Number: [REDACTED]
Admission Date: [REDACTED]

219-1

This 5-year-old female was involved in a motor vehicle accident. She was a passenger. As far as I know she was not ejected from the vehicle. She was alert and crying at the scene. Was brought to our emergency room where she complained chiefly of pain in her belly and right arm.

PAST MEDICAL HISTORY: Operations none. Medicines none. Drug allergies: None known.

IMMUNIZATIONS : Up to date with last tetanus two months ago.

REVIEW OF SYSTEMS: According to grandfather is completely unremarkable. She has had no previous trauma, no head injuries.

PHYSICAL EXAMINATION

Pulse 110, respirations 28, blood pressure 110/28. Temperature 98.2 degrees.

The child is alert and oriented, responds appropriately to questions. Moves all four extremities spontaneously. Pupils were equal, round and reactive to light and accommodation. Extraocular muscles were full.

NECK: Not tender. It is supple.

There are no scalp wounds.

Facial bones appear secure.

Chest, clavicles and ribs feel okay. She has a little sternal tenderness but no defects or crepitation.

HEART: Sounds are regular without murmurs.

LUNGS: Breath sounds are equal bilaterally and clear.

ABDOMEN: Slightly distended. Was tympanitic in the midline until a nasogastric tube was inserted and gastric dilatation aspirated. Her bowel sounds have remained absent. After decompressing her stomach her abdomen felt better. She was soft and nontender.

Missouri

EMERGENCY DEPARTMENT TRAUMA FLOW SHEET

Today's Date:

Time Arrived	Arrived By	Name	Age 54/8																																																	
Last Tetanus	Allergies	Medications																																																		
History:																																																				
TREATMENT IN PROGRESS ON ARRIVAL																																																				
<input type="checkbox"/> Oral Airway <input type="checkbox"/> E.T. <input type="checkbox"/> Monitor <input checked="" type="checkbox"/> Collar/Backboard <input type="checkbox"/> Other <input type="checkbox"/> Nasal Airway <input type="checkbox"/> E.O.A. <input type="checkbox"/> Mast <input type="checkbox"/> Pressure Dressing <input type="checkbox"/> Oxygen <input type="checkbox"/> CPR <input type="checkbox"/> IV Therapy <input type="checkbox"/> Splints																																																				
LMP:																																																				
PRIMARY SURVEY																																																				
AIRWAY: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Obstructed CIRCULATION: <input checked="" type="checkbox"/> Pulse Present BREATHING: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Apneic <input type="checkbox"/> Cardiac Rhythm HEMORRHAGE: <input type="checkbox"/> None <input type="checkbox"/> Area NEURO: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Responds to Verbal <input type="checkbox"/> Responds to Pain <input type="checkbox"/> Unresponsive																																																				
SECONDARY SURVEY																																																				
HEAD: <input type="checkbox"/> WNL <input type="checkbox"/> Lacerations <input type="checkbox"/> Abrasions <input type="checkbox"/> Contusions EYES OPEN: <input checked="" type="checkbox"/> Spontaneously <input type="checkbox"/> To Verbal <input type="checkbox"/> To Pain <input type="checkbox"/> Do Not Open PUPILS: (R) <input type="checkbox"/> Reactive <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Equal (L) <input type="checkbox"/> Reactive <input type="checkbox"/> Dilated <input type="checkbox"/> Constricted																																																				
NECK: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> Lacerations <input type="checkbox"/> Abrasions <input type="checkbox"/> Tracheal Deviation SKIN: <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Dry <input type="checkbox"/> Clammy <input type="checkbox"/> Diaphoretic CHEST: <input type="checkbox"/> Lacerations <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Contusions <input type="checkbox"/> Penetrating Wnds <input type="checkbox"/> Paradoxical Mvmt <input checked="" type="checkbox"/> Normal Breath Sounds <input type="checkbox"/> Decreased (R) <input type="checkbox"/> (L) <input type="checkbox"/> Absent (R) <input type="checkbox"/> (L)																																																				
ABD/PELVIS: <input type="checkbox"/> Lacerations <input type="checkbox"/> Abrasions <input type="checkbox"/> Contusions <input checked="" type="checkbox"/> Distended <input type="checkbox"/> Rigid <input type="checkbox"/> Tender <input checked="" type="checkbox"/> Bowel Sounds <input type="checkbox"/> Absent <input checked="" type="checkbox"/> Present																																																				
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Time	Med.	Dose	Route	Signature																																																
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INTAKE (PO, IV)			OUTPUT (URINE, NG, CT, ETC)																																																	
Time	Type	Amount	Time	Type	Trait	Amount																																														
PULSES: (L) <input type="checkbox"/> Radial <input type="checkbox"/> Pedal <input type="checkbox"/> Femoral (R) <input type="checkbox"/> Radial <input type="checkbox"/> Pedal <input type="checkbox"/> Femoral																																																				
SPINE/BACK <input type="checkbox"/> Deformity <input type="checkbox"/> Abrasion <input type="checkbox"/> Contusion <input type="checkbox"/> Other:																																																				

Patient Name: [REDACTED]
Attending Physician: [REDACTED]

BACK: No obvious injuries.

EXTREMITIES: Full range of motion without pain except at the right forearm proximally, where she has some abrasions. There is no deformity here.

NEUROLOGICAL: Strength in all four extremities is normal. She moves all four extremities purposefully. Toe signs are down bilaterally. Pupils are equally round.

IMPRESSION

1. Motor vehicle accident. Rule out possible occult abdominal injury.

Review of C-spine films are normal. Her CBC shows normal white count with no left shift. I doubt that she has a liver or spleen injury and do not plan to obtain a CT scan at this time. She will be admitted for observation on my service.

[REDACTED]
[REDACTED]

HB/jr

DD: [REDACTED] 96

DT: [REDACTED] /96

PROGRESS NOTES

[REDACTED] IA
 [REDACTED] N PP 5 F 189
 [REDACTED] 7/96 [REDACTED] [REDACTED]

Date	Notes Should Be Signed by Physician
[REDACTED] .96	stable night. Sleep at present. Abdomen &
[REDACTED]	neuro checks overnight. No H still.
	Heart RSR. Lungs Abdomen soft bowel sounds. Will discontinue NG + let her drink as she wishes. Will D/C NG + let her drink as she wishes.
	[REDACTED]
[REDACTED] .96	Delirious hands well. UP walking 3 differently. Do
[REDACTED]	1/2 discontinue soap + water only for abrasions of
	Right arm
	[REDACTED]

X-RAY REPORT

FAMILY NAME [REDACTED]		FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	ROOM NO. <u>ER</u>	HOSP NO. [REDACTED]
NAME - PART		SEX	AGE - YEARS	X-RAY NO.	
<input type="checkbox"/> Treatment of		M (F)	10	[REDACTED]	
<input type="checkbox"/> Examination of					
ATTENDING PHYSICIAN [REDACTED]			DATE [REDACTED] 96	O.P.D. NO.	

REPORT:

CERVICAL SPINE

Portable cross-table lateral view of the cervical spine, with visualization of the upper six cervical vertebrae and poor visualization of the C7-T1 level. No definite fracture or subluxation is seen in the visualized portion of the cervical spine.

[REDACTED]
[REDACTED] 1996

SIGNATURE OF RADIOLOGIST

**MISSOURI COUNTY
REGIONAL MEDICAL CENTER**

X-RAY REPORT

FAMILY NAME [REDACTED]		FIRST NAME [REDACTED]		MIDDLE NAME [REDACTED]	ROOM NO. [REDACTED]	HOSP. NO. [REDACTED]
NAME - PART					SEX	AGE - YEARS
<input type="checkbox"/> Treatment of <input checked="" type="checkbox"/> Examination of <u>CASUAL TRAUM PORT Chest</u> PORT KUB					M (F)	11
ATTENDING PHYSICIAN [REDACTED]					DATE [REDACTED] 96	X-RAY NO. [REDACTED]
						O.P.D. NO. [REDACTED]

REPORT:

[REDACTED] 96

CHEST

The lungs are clear. The heart is within normal limits in size. The mediastinum is within normal limits in width allowing for anteroposterior, supine, lordotic technique. The aortic knob is not optimally visualized. No pneumothorax is seen. No pleural fluid is identified. Cardiac monitoring electrodes are in place.

IMPRESSION

1. No definite acute post-traumatic change is seen in the chest.

KUB

The stomach is distended with air. A normal amount of air is seen in the small- and large-bowel. Cardiac monitoring electrodes are identified.

IMPRESSION

1. Gastric distention.

[REDACTED]
[REDACTED] 1996

SIGNATURE OF RADIOLOGIST

County Regional Medical Center
**PATIENT ACTIVITY FLOWSHEET -
 PEDIATRICS**

IA
 N PP 5 F

DATE: [REDACTED]																									
DOCTOR VISIT/TIME																									
BATH																									
ORAL HYG.																									
DIET: <u>ADO</u>																									
BREAKFAST:																									
LUNCH:																									
SUPPER:																									
REMARKS:																									
WEIGHT																									
PULSE																									
RESPIRATIONS																									
BLOOD PRESSURE																									
FLUID INTAKE																									
PER HOUR																									
24 HOUR P.O. TOTAL																									
PER OS																									
OTHER																									
SHIFT TOTAL																									
IV FLUIDS																									
TIME STARTED																									
INITIALS																									
TIME RATE CHANGED																									
TIME RATE CHANGED																									
TIME RATE CHANGED																									
TIME DC'D																									
INITIALS																									
D																									
E																									
N																									
24 HOUR IV TOTAL																									
HEPLOCK																									
OUTPUT																									
PER HOUR																									
24 HOUR OUTPUT TOTAL																									
URINE																									
EMESIS																									
STOOLS																									
OTHER																									
TUBING MAINTENANCE																									
DATE TO BE CHANGED																									
TIME TUBING CHANGED																									
INITIALS																									
IVPB																									
IVPB																									
IVPB																									
TUBE FEEDING																									
IV START																									
TIME																									
LOCATION																									
NEEDLE SIZE																									
DRESSING																									
SIGNATURE																									
SIDERAILS UP/CALL LIGHT IN REACH																									
VSG ROUNDS																									
V. SITE: CHECK																									
PARENT VISITS																									
PULSE OXIMETER SATS																									
INITIALS																									
SIGNATURE																									

AF1

IF THE PHYSICAL ASSESSMENT IS NEGATIVE INDICATE BY PUTTING YOUR INITIALS IN THE BOX AFTER THE PARTICULAR ASSESSMENT AREA BY SHIFT. A ✓ IN THE BOX DENOTES A FINDING THAT REQUIRES FURTHER ELABORATION ON THE LINES TO THE RIGHT.

NEUROLOGICAL ASSESSMENT: Alert and oriented to person, place and time as determined by age-appropriate development. Behavior appropriate to situation. PEARL. Active ROM of all extremities with symmetry of strength. No paresthesia. Verbalization clear and understandable as determined by age-appropriate development. Swallowing without coughing or choking on liquids or solids. If age less than 1 year, anterior fontanel flat and soft. No nuchal rigidity.

D	TIME OF ASSESSMENT	E	TIME OF ASSESSMENT	N	BP	TIME OF ASSESSMENT

CARDIOVASCULAR ASSESSMENT: Regular apical pulse. Heart rate 110-140 per minute (under age 1 year), 70-110 per minute (over age 1 year) at rest. Peripheral pulses palpable. No edema. Capillary refill less than 3 seconds.

D	TIME OF ASSESSMENT	E	TIME OF ASSESSMENT	N	BP	TIME OF ASSESSMENT

RESPIRATORY ASSESSMENT: Breath sounds clear throughout lung fields. No cough. Respirations quiet and regular. Respirations 20-40 per minute (under age 1 year), 20-30 per minute (over age 1 year) at rest. Nailbeds and mucous membranes pink.

D	TIME OF ASSESSMENT	E	TIME OF ASSESSMENT	N	BP	TIME OF ASSESSMENT

GASTROINTESTINAL ASSESSMENT: Abdomen soft. Bowel sounds active. No evidence of pain with palpation. Tolerates prescribed diet without nausea and vomiting. Having BM's within own normal pattern and consistency.

LAST BM

D	TIME OF ASSESSMENT	E	TIME OF ASSESSMENT	N	BP	TIME OF ASSESSMENT

NG in place
pulling blood tinged
material

GENITOURINARY ASSESSMENT: Urine clear. Color is yellow to amber. Bladder not distended after voiding.

D	TIME OF ASSESSMENT	E	TIME OF ASSESSMENT	N	BP	TIME OF ASSESSMENT

INTEGUMENTARY ASSESSMENT: Skin color normal for patient. Skin warm, dry and intact. Mucous membranes moist. Skin turgor good. Free of rashes, decubiti or wounds.

D		E		N	BP 4
					Abrasion on
					Chest and under
					@ eye. Laceration
					on @ elbow. Small
					abrasion @ forehead

MUSCULOSKELETAL AND NEUROVASCULAR ASSESSMENT: Extremities are pink, warm and movable with average ROM. Capillary refill less than 3 seconds. Peripheral pulses palpable. No edema. Sensation intact without numbness or tingling. Absence of joint swelling and tenderness. No muscular weakness. Surrounding tissues show no evidence of inflammation, nodules, ulcerations or rashes.

D		E		N	BP

PSYCHOSOCIAL ASSESSMENT: Interacts with parents, visitors and staff according to age-appropriate development and situation. Verbalization occurs according to age-appropriate development and situation. Affect is appropriate.

D		E		N	BP

INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE

EQUIPMENT - Place a check mark if equipment is used during shift

	CARDIOPULMONARY MONITOR		CARDIOPULMONARY MONITOR		CARDIOPULMONARY MONITOR
	COOLING BLANKET		COOLING BLANKET		COOLING BLANKET
	PULSE OXIMETER		PULSE OXIMETER		PULSE OXIMETER
✓	IV PUMP		IV PUMP	✓	IV PUMP
	K-PAD		K-PAD		K-PAD

TEACHING CHECKLIST - Place your initials in front of the subject matter taught

The patient/significant other, as appropriate, are included in the following educational offerings and have stated understanding or demonstrated the ability to carry out the task.

BD	ADMISSION		GE REFLUX		RSV
	CARDIOPULMONARY MONITOR		I&O		SEIZURE PRECAUTIONS
	CLEAN CATCH URINE	BD	IV THERAPY		TRANSFERS
	CROUP TENT (CROUPETTE)		PULSE OXIMETRY		UGI
	DISCHARGE		OXYGEN THERAPY		UTI

NA1

PATIENT ACTIVITY FLOWSHEET - PEDIATRICS

91 N PP 5 F
189

DATE: 7/26		30																											
DOCTOR VISIT/TIME		105°	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06			
BATH		104°																											
ORAL HYG.		103°																											
DIET: NPC → full liquid		102°									3 1/2																		
BREAKFAST: FEEDS SELF		101°									100																		
LUNCH: WITH ASSIST		100°																											
SUPPER: TOTAL FEED		99°																											
REMARKS:		98°																											
WEIGHT		97°																											
PULSE				104						100		100																	
RESPIRATIONS				24						20		20																	
BLOOD PRESSURE				110/72								100/60																	
FLUID INTAKE			07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06			
24 HOUR P.O. TOTAL								90	90	30																			
PER OS																													
OTHER																													
SHIFT TOTAL			1400 2100										2200										0600						
SHIFT TOTAL IVF+IVPB		IV FLUIDS										TIME STARTED		INITIALS		TIME RATE CHANGED		TIME RATE CHANGED		TIME RATE CHANGED		TIME DC'D		INITIALS					
D 234		LC @ 40 cc/hr																				16:05							
E 81		LR at 40 cc/hr																				16:05		(2)					
N																													
24 HOUR IV TOTAL																													
HEPLOCK																													
OUTPUT		PER HOUR		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06		
24 HOUR OUTPUT TOTAL		URINE		✓					✓	✓		✓																	
EMESIS																													
STOOLS																													
OTHER																													
TUBING MAINTENANCE		DATE TO BE CHANGED		TIME TUBING CHANGED		INITIALS		DATE TO BE CHANGED		TIME TUBING CHANGED		INITIALS																	
PRIMARY IV		7/2										IVPB																	
SECONDARY IV												IVPB																	
PCA												IVPB																	
TUBE FEEDING																													
IV START		TIME		LOCATION		NEEDLE SIZE		DRESSING		SIGNATURE																			
SIDERAILS UP/CALL LIGHT IN REACH		07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06				
NSG ROUNDS		78	78	78		78	78		78	78	78																		
I.V. SITE: CHECK		78	78	78		78	78		78	78	78																		
PARENT VISITS		78	78	78		78	78		78	78	78																		
PULSE OXIMETER SATS																													
INITIALS																													
SIGNATURE																													

AF2

URSING PROGRESS NOTES: (continued)

DATE: 1/9/6

Awakened by lab from blood work - very apprehensive of staff. Color pale. Multiple abrasions and contusions to body. C/o pain this am.

IV patent & site is edema/pump. Mother & aunt @ BS.

Continues to sleep ^{without} ^{labor} respirations. ^{is} ^{labor}

Awake - NO response per protocol tolerated procedure well. IV patent and site is edema/pump. Up in bed & play is stamping. Mother & aunt @ BS.

History in bed & 5:57. Mother reading story book to pt. IV patent/pump.

Assessment: Charted. Up in chair in room. App non-labored. IV patent per Hadenol pump is redness or edema noted at site. Color pale. Abrasions & contusions noted to body. Resp to Bellows intact. Off floor & family in w/c reluctant to work.

Here, discharge orders received & notation in chart intact site is redness or edema.

Discharged to home in care of mother. See nursing discharge summary for further info. In satisfactory condition.

PN2

LEGUMENTARY ASSESSMENT: Skin color normal for patient. Skin warm, dry and intact. Mucous membranes moist. Skin turgor good. Free of rashes, decubiti or wounds.

<input checked="" type="checkbox"/> Multiple abrasions	<input checked="" type="checkbox"/> Contusions & abrasions	<input type="checkbox"/>
ntusions 1 body - (Eye area, forehead, side of mouth, portion of chest & abdomen)	nted to Eye area, forehead, side of mouth. Abrasion to side of chest & abd. Unsg	
up to 3 inches long - Moderate amount of serosanguinous drainage	ntact to Bellows, 5 drainage noted.	

MUSCULOSKELETAL AND NEUROVASCULAR ASSESSMENT: Extremities are pink, warm and movable with average ROM. Capillary refill less than 3 seconds. Peripheral pulses palpable. No edema. Sensation intact without numbness or tingling. Absence of joint swelling and tenderness. No muscular weakness. Surrounding tissues show no evidence of inflammation, lules, ulcerations or rashes.

<input checked="" type="checkbox"/> Tfx	<input checked="" type="checkbox"/> DA	<input type="checkbox"/>

PSYCHOSOCIAL ASSESSMENT: Interacts with parents, visitors and staff according to age-appropriate development and situation. Verbalization occurs according to age-appropriate development and situation. Affect is appropriate.

<input checked="" type="checkbox"/> Tfx	<input checked="" type="checkbox"/> DA	<input type="checkbox"/>

INITIALS	SIGNATURE	INITIALS	SIGNATURE

EQUIPMENT - Place a check mark if equipment is used during shift

<input type="checkbox"/> CARDIOPULMONARY MONITOR	<input type="checkbox"/> CARDIOPULMONARY MONITOR	<input type="checkbox"/> CARDIOPULMONARY MONITOR
<input type="checkbox"/> COOLING BLANKET	<input type="checkbox"/> COOLING BLANKET	<input type="checkbox"/> COOLING BLANKET
<input type="checkbox"/> PULSE OXIMETER	<input type="checkbox"/> PULSE OXIMETER	<input type="checkbox"/> PULSE OXIMETER
<input checked="" type="checkbox"/> IV PUMP	<input checked="" type="checkbox"/> IV PUMP	<input type="checkbox"/> IV PUMP
<input type="checkbox"/> K-PAD	<input type="checkbox"/> K-PAD	<input type="checkbox"/> K-PAD

TEACHING CHECKLIST - Place your initials in front of the subject matter taught

The patient/significant other, as appropriate, are included in the following educational offerings and have stated understanding or demonstrated the ability to carry out the task.

<input type="checkbox"/> ADMISSION	<input type="checkbox"/> GE REFLUX	<input type="checkbox"/> RSV
<input type="checkbox"/> CARDIOPULMONARY MONITOR	<input checked="" type="checkbox"/> I&O	<input type="checkbox"/> SEIZURE PRECAUTIONS
<input type="checkbox"/> CLEAN CATCH URINE	<input type="checkbox"/> IV THERAPY	<input type="checkbox"/> TRANSFERS
<input type="checkbox"/> CROUP TENT (CROUPETTE)	<input type="checkbox"/> PULSE OXIMETRY	<input type="checkbox"/> UGI
<input type="checkbox"/> DISCHARGE	<input type="checkbox"/> OXYGEN THERAPY	<input type="checkbox"/> UTI

NA2

THE FOLLOWING PARAMETERS WILL BE CONSIDERED A NEGATIVE ASSESSMENT. IF THE PHYSICAL ASSESSMENT IS NEGATIVE INDICATE BY PUTTING YOUR INITIALS IN THE BOX AFTER THE PARTICULAR ASSESSMENT AREA BY SHIFT. A ✓ IN THE BOX DENOTES A FINDING THAT REQUIRES FURTHER ELABORATION ON THE LINES TO THE RIGHT.

NEUROLOGICAL ASSESSMENT: Alert and oriented to person, place and time as determined by age-appropriate development. Behavior appropriate to situation. PEARL. Active ROM of all extremities with symmetry of strength. No paresthesia. Verbalization clear and understandable as determined by age-appropriate development. Swallowing without coughing or choking on liquids or solids. If age less than 1 year, anterior fontanel flat and soft. No nuchal rigidity.

D	TIME OF ASSESSMENT	E	TIME OF ASSESSMENT	N	TIME OF ASSESSMENT
<i>Pa</i>	0715	<i>Pa</i>	1530		

CARDIOVASCULAR ASSESSMENT: Regular apical pulse. Heart rate 110-140 per minute (under age 1 year), 70-110 per minute (over age 1 year) at rest. Peripheral pulses palpable. No edema. Capillary refill less than 3 seconds.

D	TIME OF ASSESSMENT	E	TIME OF ASSESSMENT	N	TIME OF ASSESSMENT
<i>Pa</i>	1	<i>Pa</i>			

RESPIRATORY ASSESSMENT: Breath sounds clear throughout lung fields. No cough. Respirations quiet and regular. Respirations 20-40 per minute (under age 1 year), 20-30 per minute (over age 1 year) at rest. Nailbeds and mucous membranes pink.

D	TIME OF ASSESSMENT	E	TIME OF ASSESSMENT	N	TIME OF ASSESSMENT
<i>Pa</i>		<i>Pa</i>			

GASTROINTESTINAL ASSESSMENT: Abdomen soft. Bowel sounds active. No evidence of pain with palpation. Tolerates prescribed diet without nausea and vomiting. Having BM's within own normal pattern and consistency.

LAST BM

D	TIME OF ASSESSMENT	E	TIME OF ASSESSMENT	N	TIME OF ASSESSMENT
<i>1 MB in @marco c</i>		<i>Pa</i>			
<i>small amount of brownish thick</i>					
<i>liquid in tubing. Abdomen</i>					
<i>soft & active bowel sounds x4.</i>					

GENITOURINARY ASSESSMENT: Urine clear. Color is yellow to amber. Bladder not distended after voiding.

D	TIME OF ASSESSMENT	E	TIME OF ASSESSMENT	N	TIME OF ASSESSMENT
<i>Pa</i>		<i>Pa</i>			

MISSOURI

N PP

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IA

96

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Pediatric Nursing Data Base**Part One (Continued)****Family History: Parents / Siblings**Parents: ☒ Married ☐ Divorced ☐ Single ☐ Other: _____Mom: ☐ Smokes Health Related Issues: _____Dad: ☐ Smokes Health Related Issues: Drug problem - doesn't know him

Other Smokers in Household: _____

Custody Issues / Visitation Restrictions: Mom - Dad not involvedSiblings:

Name	Age	Health Related Issues
<u>[Redacted]</u>	<u>4</u>	<u>m' MVA - Died in ER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family history of child's grandparents, aunts, uncles, cousins:

<input type="checkbox"/> Heart Disease	<input checked="" type="checkbox"/> Hypertension <u>mom</u>	<input checked="" type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma
<input type="checkbox"/> Birth Defect	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Allergies	<input checked="" type="checkbox"/> Mental Illness <u>father alcoholic</u>	<u>Drug</u>
<input type="checkbox"/> Other: _____				

Pre-Admission Activities of Daily Living:

<input checked="" type="checkbox"/> Well Water	<input type="checkbox"/> Wood Heat or Fireplace	<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Attends Day Care	<input checked="" type="checkbox"/> Attends School-Grade: <u>Head Start Day care</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Transportation Needs: _____		

Limitations: ☐ Vision ☐ Hearing ☐ Activity: Describe _____

☐ Other: _____

Needs Assistance: ☐ Feeding ☐ Hygiene ☐ Mobility ☐ Dressing

☐ Other: _____

Durable Medical Equipment Used at Home: ☐ Yes Supplier: _____

☐ Pulmonaide Machine ☐ Oxygen ☐ Other: _____

Home Health Agency Used: ☐ Meramac ☐ Mo. Home Care ☐ Other: _____Equipment Needs: ☐ Wheelchair ☐ Limb Brace / Splints ☐ Comments: _____Language Alternative: ☐ Spanish ☐ Korean ☐ Arabic ☐ Chinese ☐ Other _____

Religious Preference: _____ Special Religious Request _____

Do you want to notify anyone at your church ☐ Yes ☐ No Name/Phone No. _____**Educational preference of patient as appropriate to developmental stage:**Visual: ☐ Reading ☐ Video Tapes ☐ Verbally ☐ Braille ☐ Other: _____Audio: ☐ Tapes ☐ Other: _____**Refer to Physician Progress Notes for specific discharge planning and completed consultation reports.**

IA
5 F
/96

Admission Date / Time: [REDACTED] 96 [REDACTED] 5

Admitted From: ☐ Home ☒ ER ☐ Dr's Office ☐ Other: _____

Patient to be discharged to other than parent(s): ☐ Yes ☐ Who: _____

Reason for hospitalization & history of chief complaint (In pt's or family's own words):

MVA - ~~0~~ Seat belts - Hurt by drunk driver - 5 people
in the car

Past Medical History:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Throat Infections | <input type="checkbox"/> Anemia | <input type="checkbox"/> Roseola |
| <input checked="" type="checkbox"/> Head Injury | <input type="checkbox"/> Cough | <input type="checkbox"/> Fractures | <input type="checkbox"/> Menarche |
| <input type="checkbox"/> Kidney / Bladder | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Injuries | <input type="checkbox"/> Date of LMP _____ |
| <input type="checkbox"/> Enuresis <i>on occasion</i> | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Skin Disease | <input type="checkbox"/> Drainage-Eye, Ear,
Vaginal, Wound |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Constipation | <input type="checkbox"/> Teething | <input type="checkbox"/> Sleep Impairment |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Weight Changes | <input type="checkbox"/> Measles | |
| <input type="checkbox"/> Otitis Media | <input type="checkbox"/> Heart Defects | <input type="checkbox"/> Physically Challenged | |
| <input type="checkbox"/> Mentally Challenged | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Mumps | |

Comments: ~~_____~~ ~~_____~~ } Grandparents that
She lives c

When: 4 Where: 4 Why: _____

Complications: 0

Immunizations Current: ☒ Yes ☐ No Series Needed: _____
Reactions: ☐ Yes ☐ No Type: _____

Allergies:		Reaction	
List of Allergies	None		<input type="checkbox"/> Allergies in OC
			<input type="checkbox"/> Allergy Bracelet On
			<input type="checkbox"/> On Kardex / MAR

MISSOURI

IA
N PP 5 F

189

96

NURSING DISCHARGE SUMMARY

DATE -96	TIME	DISCHARGE	DEATH
DISCHARGE PLACEMENT	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Home with Supervision <input type="checkbox"/> Nursing Home		
<input type="checkbox"/> Other:		Nursing Home Transfer Form Completed and Sent: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
MODE	<input type="checkbox"/> Ambulatory <input checked="" type="checkbox"/> Wheelchair <input type="checkbox"/> Ambulance <input type="checkbox"/> Other:		
PRE-ADMISSION DRUGS RETURNED	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		VALUABLES RETURNED <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
CIRCLE PATIENT OR SIGNIFICANT OTHER AS INDICATION OF WHO RECEIVED THE TEACHING AND WILL CARRY OUT THE INSTRUCTIONS.			
PATIENT ACTIVITY	<input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> Assistance <input type="checkbox"/> Confined to Bed <input type="checkbox"/> Wheelchair <input type="checkbox"/> Crutches		
<input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Other:			
Patient and/or significant other verbalizes understanding and can perform activities as prescribed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
DIET	Name of diet: <i>As tolerated</i>		
Patient and/or significant other verbalizes understanding and can meet dietary needs: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
SPECIALIZED CARE AND/OR TREATMENTS	Dressings <i>Below</i>		
Appliances <i>0</i>			
Other <i>0</i>			
Other <i>0</i>			
Patient and/or significant other verbalizes understanding and can perform care/treatment as instructed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
ALLERGIES	<i>NKA</i>		
MEDICATIONS	Check Med Card(s) given to patient and/or significant other: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
List cards given: <i>0</i>			
Patient and/or significant other verbalizes understanding and can administer medications as prescribed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Follow-up office visit after discharge: <input checked="" type="checkbox"/> Yes When: <i>Monday</i> <input type="checkbox"/> No			

Patient and/or
Significant Other Signature: *[Signature]*Signature of Nurse
Completing Form: *[Signature]*

Patient's Condition at Time of Discharge/Transfer	<i>No change from initial assessment</i>	
Patient's Expected Outcomes Met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Related to: <i>MIA</i>

MISSOURI

Discharge Planning Communication Form

A.	DRG Code
B.	Primary Insurance: Secondary Insurance:

C. Primary Diagnosis:

D. Secondary Diagnosis:

(Leave items blank if not applicable.)

DISCHARGE PLANNING

E. Physician Discharge Goals:

Anticipated
LOS: 24h

F. Patient Discharge Plans:

When discharged - Who will be your Support Person?

Name: Telephone No.: ()

Limitations of Support Person:

sprained ankles & Elbow

Concerns of Support Person:

Durable Medical Equipment Needs: (List)

Transportation Concerns:

Anticipated Discharge
Placement☒ Home☐ ECF☐ SNF☐ ICF☐ HH☐ Rehab☐ Other

G. Status Changes that May Influence Discharge Plans: (Document Time, Date, and Changes.)

H. Ancillary Support Services:

SUPPORT SERVICE	DATE & TIME	CONTACTED WHOM? HOW?	PATIENT CONSULTATION DATE & TIME
Social Service			
Dietary			
Rehab Services			
Enterstomal			
Respiratory			
Diabetes Education			
Skilled			
Other			
Acute Rehab			Consult Dr. Rieth Acceptance

Refer to Progress Notes for Physician specific discharge planning and completed consultation reports.

MISSOURI AMBULANCE REPORTING FORM

Mo Day Year [Redacted] [Redacted] [Redacted]		Ambulance Service # [Redacted]		Vehicle License # [Redacted]			
Date of Run [Redacted]		Ambulance Service Name [Redacted]					
LOCATION OF PICKUP [Redacted]				ODOMETER At dispatch: [Redacted] At scene: [Redacted] At destination: [Redacted]			
Name of Hospital, Nursing Home, Clinic, or Street, Route, Highway # [Redacted]				PATIENT DESTINATION [Redacted]			
City [Redacted]				City [Redacted]			
State [Redacted]				State [Redacted]			
Zip [Redacted]				State [Redacted]			
TYPE OF RUN		TIMES		PLACE OF INCIDENT			
TO SCENE <input type="checkbox"/> Lights/Sirens 1 Emergency response requested 2 Non-emergency response (routine)		Call Received [Redacted]		1 Home 2 Farm 3 Mine/Quarry 4 Industrial Place 5 Recreation or Sport 6 Street or Highway 7 Public Building 8 Residential Institution (hospital) 9 Other 10 Unspecified			
FROM SCENE <input type="checkbox"/> Lights/Sirens 01 Life threatening, transported 02 Urgent, transported 03 Routine, transported 04 Treated, transferred care 05 Treated, transported by private vehicle 06 Treated and released 07 No treatment required 08 Patient refused care and/or transport 09 Dead at scene, not transported 10 Cancelled 11 No patient found 12 Crank call		Unit Dispatched [Redacted] Unit En Route [Redacted] Arrive Location [Redacted] Arrive Patient [Redacted] Depart Location [Redacted] Arrive Destination [Redacted] Unit Available [Redacted]					
PEDIATRIC TRAUMA SCORE COMPONENTS (P.T.S.)		REVISED TRAUMA SCORE COMPONENTS (R.T.S.)		PROTECTIVE EQUIPMENT			
Weight [Redacted] Airway [Redacted] Systolic Blood Pressure [Redacted] Central Nervous System [Redacted] Wounds [Redacted] Fractures [Redacted] TOTAL P.T.S. [Redacted]		Systolic Blood Pressure [Redacted] Respiratory Rate [Redacted] Glasgow Coma Score [Redacted] Eye Opening [Redacted] Best Verbal Response [Redacted] Best Motor Response [Redacted] TOTAL R.T.S. [Redacted]		1 None 2 Unknown 3 Seat Belt 4 Child Seat 5 Air Bag 6 Belt & Bag 7 Helmet 8 Other 9 Not Applicable			
TRAUMA ASSESSMENT		ILLNESS ASSESSMENT		FACTORS AFFECTING EMS			
(circle boxes that apply)		01 Abdominal pain/problems 02 Airway obstruction 03 Allergic reaction 04 Altered level consciousness 05 Behavioral/psychiatric 06 Cardiac arrest 07 Cardiac rhythm disturbance 08 Chestpain/discomfort 09 Diabetic symptoms 10 Hyperthermia 11 Hypothermia 12 Hypovolemia/shock 13 Inhalation injury (toxic gas)		01 Adverse weather 02 Adverse road conditions 03 Traffic problems 04 Unsafe scene 05 Language barrier 06 Extrication >20 minutes 07 Hazardous materials 08 Crowd control 09 Med. Control failure 10 Other 11 Not applicable			
Amputation Blunt Crush Dislocation/FX Blunt Gunshot Laceration Puncture/Stab Pain Soft Tissue		14 Poisoning/drug ingestion 15 Pregnancy/O.B. delivery 16 Respiratory arrest 17 Respiratory distress 18 Seizure 19 Smoke inhalation 20 Stroke/CVA 21 Syncope/fainting 22 Vaginal hemorrhage 23 Other 24 Unknown 25 Not applicable (trauma)		1 On-line (radio/telephone) 2 On-scene 3 Protocol 4 Written orders (patient specific) 5 Orders refused 6 Unknown 7 Not applicable			
Head Face/Eye/Ear Neck Spine Thorax Abdomen/Pelvic Contents Upper Arm/Shoulder Lower Arm/Hand/Elbow Upper Leg/Hip Lower Leg/Foot/Knee		01 Closest facility (note below) 02 Patient/family choice 03 Patient physician choice 04 Managed care 05 Law enforcement choice 06 Protocol 07 Specialty resource center 08 On-line medical direction 09 Diversion (name of hospital diverted from) 10 Other 11 Unknown 12 Not applicable					
Cause of Injury [Redacted]							

PATIENT CONSENT TO TREATMENT/TRANSPORT, AUTHORIZATION & RELEASE

I, the undersigned, hereby authorize the Ambulance Service named on this form to provide emergency or non-emergency transportation and any treatment or services deemed necessary. By authorizing such treatment and/or transportation, I acknowledge that I am responsible for all charges based on current billing rates, regardless of whether I personally requested ambulance service originally. I hereby assign to the ambulance service all my rights and benefits for ambulance services provided by any and all of my insurers and any third party agencies. I further authorize my insurers and any third party agencies to pay directly to the ambulance service whatever benefits or payments may be available for services rendered to me or my dependents by the ambulance service. I hereby authorize any holder of any medical, hospital, or other records or information about me or my dependents to release to the ambulance service, its intermediaries or other carriers, as well as to the ambulance service, any such information needed to determine insurance and other third party benefits payable for any services provided to me or my dependents by the ambulance service or for related services now or in the future.

Date: 1/1/ Signature: X Date: 1/1/ Witness: X

PATIENT INFORMATION

Name: [REDACTED]
 Address: [REDACTED]
 Street, Route, etc.: [REDACTED]
 State: 40 Zip: [REDACTED]

Date of Birth

Age in Years

Month: [REDACTED] Day: [REDACTED] Century: [REDACTED] Year: [REDACTED]

[REDACTED]

RACE: ☐ Black ☒ White ☐ Other
☐ Hispanic ☐ Indian ☐ Asian
 SEX: ☐ Male ☒ Female Weight: [REDACTED] (lbs)

PRE-EXISTING CONDITION

- ☒ Behavioral/Psych. ☐ Hypertension
☐ Blood disorder ☐ Neuro/Sexure/Para.
☐ Cardiac ☐ Respiratory
☐ Cancer ☐ Other
☐ Communicable Disease ☐ Unknown
☐ Diabetes ☐ None
☐ Dialysis/Renal failure

TIME	B.P.	P.	R.	SaO2	TIME	MEDICATION	RT	DOSAGE	FLUIDS	IN (ml)	OUT (ml)
<u>[REDACTED]</u>	<u>94/56/112</u>	<u>20</u>				<u>[REDACTED]</u>			Blood		
									I.V. Fluids		
									Oral Fluids		
									Emesis		
									Urine		
									TOTALS		

ONSET: -Date [REDACTED] Time [REDACTED] Personal Protection Equipment Utilized ☒ [REDACTED]

Chief Complaint: 1-2 new Distal and 1-2 new proximal ulcers
restrained involved head on
also arm pain laceration wrapped PTA
denies x tingling
arms legs PT appears
skin warm pink dry upset asking for Mom
swelling side face
trachea
WNL
Neuro checks
WNT
elbow laceration CC BB
reassured + evaluated while en route to Hospital

Hx: [REDACTED]
 Rx Meds: [REDACTED]
 Allergies: [REDACTED]

AID/DIAGNOSTIC/TREATMENT

- | | | | |
|--|--|--|--|
| 01 02 Bag mask/Demand valve
03 04 Bleeding controlled
05 06 Blood Specimen drawn
07 08 C.P.R.
09 10 Cardiac pacing # _____ mA
11 12 Cardioversion
_____ watts/sec. # _____ attempts
13 14 Cricothyrotomy
15 16 Defibrillation
_____ watts/sec. # _____ attempts | 17 18 Doppler
19 20 Drug administered
21 22 Oral tracheal or Nasal tracheal tube # _____ attempts
23 24 Oral tracheal or Nasal tracheal tube failed # _____ attempts
25 26 Other airway
27 28 EKG monitor
29 30 Extremity splint
31 32 Exsiccation
33 34 Rapid exsiccation
35 36 Glucose test _____ mg/dl | 37 38 Hemodynamic monitor
39 40 I.V. administered # _____
41 42 I.V. failed # _____
43 44 I.V. maintained
45 46 Infusion pump _____ rpm
47 48 Intraosseous infusion # _____
49 50 Isolette _____ FIO2
51 52 Mechanical ventilator
53 54 N.G. tube
55 56 O.B. delivery | 57 58 Oxygen by cannula _____ lpm
59 60 Oxygen by mask _____ lpm
61 62 P.C.P.D. applied
63 64 Pulse oximetry
65 66 Restraints
67 68 Spinal immobilization
69 70 Suction airway
71 72 Thoracostomy
73 74 Stretcher
75 76 Other _____ |
|--|--|--|--|

NASS CDS OCCUPANT ASSESSMENT FORM:
CASE VEHICLE CENTER SECOND SEATED PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9618

3. Vehicle Number

01

4. Occupant Number

05

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

48

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

1

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

180

Code actual height to the nearest
centimeter.

(999) Unknown

71 inches X 2.54 = 180.3 centimeters

8. Occupant's Weight

093

Code actual weight to the nearest
kilogram.

(999) Unknown

205 pounds X .4536 = 93 kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

22

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

9

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with
another occupant or to look out a rear
window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in
front of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT**12. Ejection**

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0**13. Ejection Area**

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0**14. Ejection Medium**

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

0**15. Medium Status (Immediately Prior To Impact)**

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0**16. Entrapment**

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

0**17. Occupant Mobility**

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or not oriented to time or place
- (2) Removed from vehicle due to perceived serious injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (8) Removed from vehicle for other reasons
(specify): _____
- (9) Unknown

4

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Manual Shoulder Belt Upper Anchorage Adjustment 0

- (0) No manual shoulder belt
- (1) No upper anchorage adjustment for manual shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or

automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE**AIR BAG SYSTEM FUNCTION**28. Police Reported Belt Use 9

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 0

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

30. Frontal Air Bag System 0

Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment 0
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag 0
 Availability/Function
 (This Occupant Position)

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First 0
 Seat Frontal (This Occupant Position)

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System 0
 Failure?

- (This Occupant Position)
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

(0) Not equipped/not available

(1) No previous accidents

Yes

(2) Previous accident(s) without deployment(s)

(3) One previous accident with deployment

(4) More than one previous accident with at least one deployment

(8) Previous accidents, unknown deployment status

(9) Unknown

36. Type of Air Bag 0

(0) Not equipped/not available

(1) Original manufacturer installed system

(2) Retrofitted air bag

(3) Replacement air bag

(8) Unknown type of air bag

(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

(0) Not equipped/not available

(1) No prior maintenance

(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

(00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

(96) Deployed, unknown event

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

39. CDC For Air Bag Deployment Impact 0

(0) Not equipped/not available

(1) Highest delta V

(2) Second highest delta V

(3) Other non-coded delta V (specify): _____

(6) Deployed, unknown event

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact

+

-

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(3) Deployed, unknown if air bag module cover flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

43. Was There Damage To The Air Bag? 00

(00) Not equipped/not available

(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify): _____

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 0 0
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not air bag equipped/air bag not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

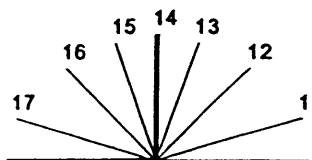
49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 0 3
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

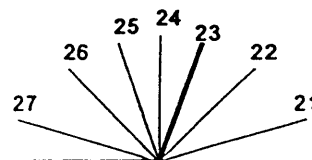
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

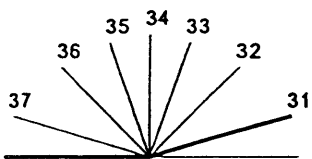
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

***Slightly reclined prior to impact***

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

***Completely reclined prior to impact***

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 12

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death**00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death00**68. 2nd Medically Reported Cause of Death**00**69. 3rd Medically Reported Cause of Death**00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score (at Medical Facility)**15

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood?1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination**1

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

NASS CDS OCCUPANT INJURY FORM:
CASE VEHICLE CENTER SECOND SEATED PASSENGER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u>	3. Vehicle Number <u>01</u>
2. Case Number - Stratum <u>9619</u>	4. Occupant Number <u>05</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

		A.I.S. - 90											
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
chest Contusion	1st	5. <u>3</u>	6. <u>4</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>151</u>	13. <u>1</u>	14. <u>1</u>	15. <u>00</u>	
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____		
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____		
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____		
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____		
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____		
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____		
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____		
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____		
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____		

.I.S. - 90

A.I.S. - 90											
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
11th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
12th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
13th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
14th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
15th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
16th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
17th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
18th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
19th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
20th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
21st	—	—	—	— — —	—	—	— — — —	—	—	— — —	
22nd	—	—	—	— — —	—	—	— — — —	—	—	— — —	
23rd	—	—	—	— — —	—	—	— — — —	—	—	— — —	
24th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
25th	—	—	—	— — —	—	—	— — — —	—	—	— — —	

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive	(1) Right
(2) Face		two-digit numbers beginning with 02.	(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(4) Central
(5) Abdomen			(5) Anterior
(6) Spine			(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		
		Abbreviated Injury Scale	
		(1) Minor Injury	
		(2) Moderate Injury	
		(3) Serious Injury	
		(4) Severe Injury	
		(5) Critical Injury	
		(6) Maximum (untreatable)	
		(7) Injured, unknown severity	

SOURCE OF INJURY DATA	INJURY SOURCE CONFIDENCE LEVEL	DIRECT/INDIRECT INJURY
<u>OFFICIAL RECORDS</u>		
(1) Autopsy records with or without hospital/medical records	(1) Certain	(1) Direct contact injury
(2) Hospital/medical records other than emergency room (e.g., discharge summary)	(2) Probable	(2) Indirect contact injury
(3) Emergency room records only (including associated X-rays or other lab reports)	(3) Possible	(3) Noncontact injury
(4) Private physician, walk-in or emergency clinic	(9) Unknown	(7) Injured, unknown source
<u>UNOFFICIAL RECORDS</u>		
(5) Lay coroner report		
(6) E.M.S. personnel		
(7) Interviewee		
(8) Other source (specify): _____		
(9) Police		

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Restrained?

✓ No (ET)

✓ Yes

(EN, TF)

Blood Alcohol Level
(mg/dl)

BAL = ____

Glasgow Coma
Scale ScoreGCSS = 15
(TF)Units of Blood
Given

Units = ____

Arterial Blood Gases

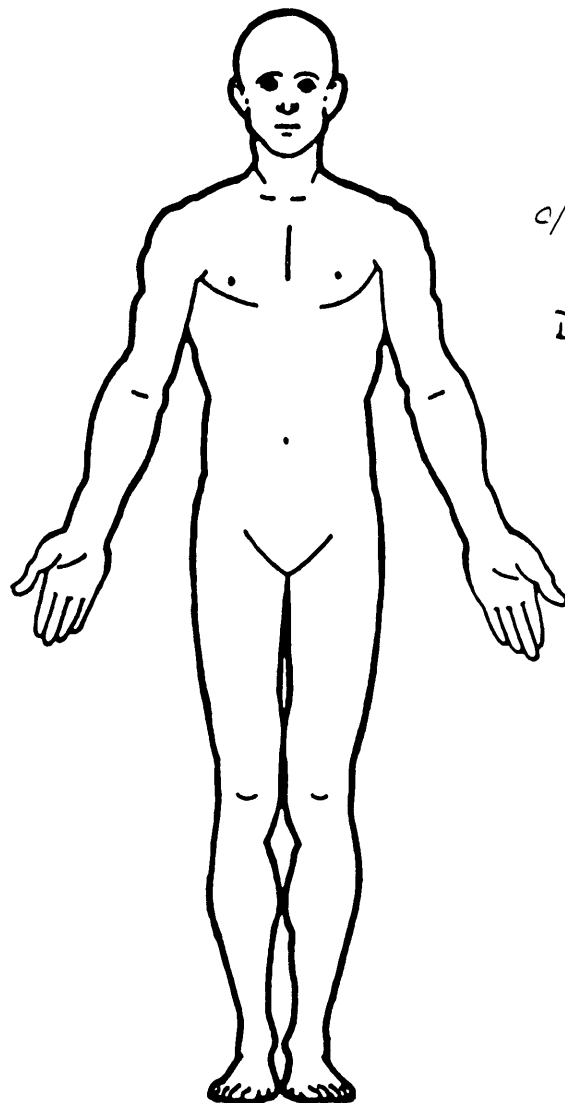
pH = ____

PO₂ = ____PCO₂ = ____HCO₃ = ____

- Restrained passenger in (R) rear seat (EN, TF)
- Unrestrained rear seat passenger (ET)

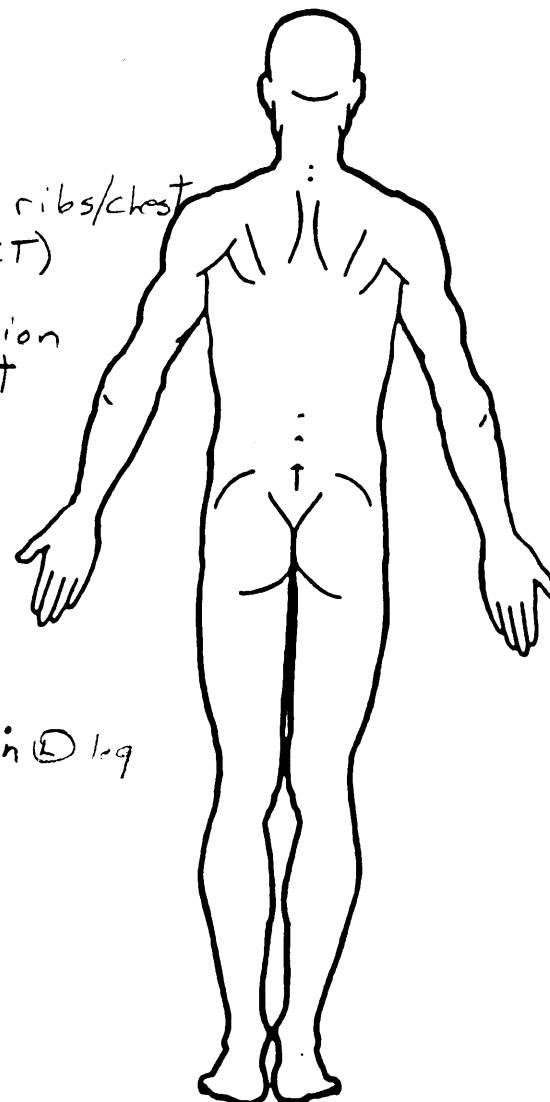
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

- Says he hit back of front seat and head on top of vehicle (EN, TF)



c/o pain in ribs/chest
(EN, ED, ET)

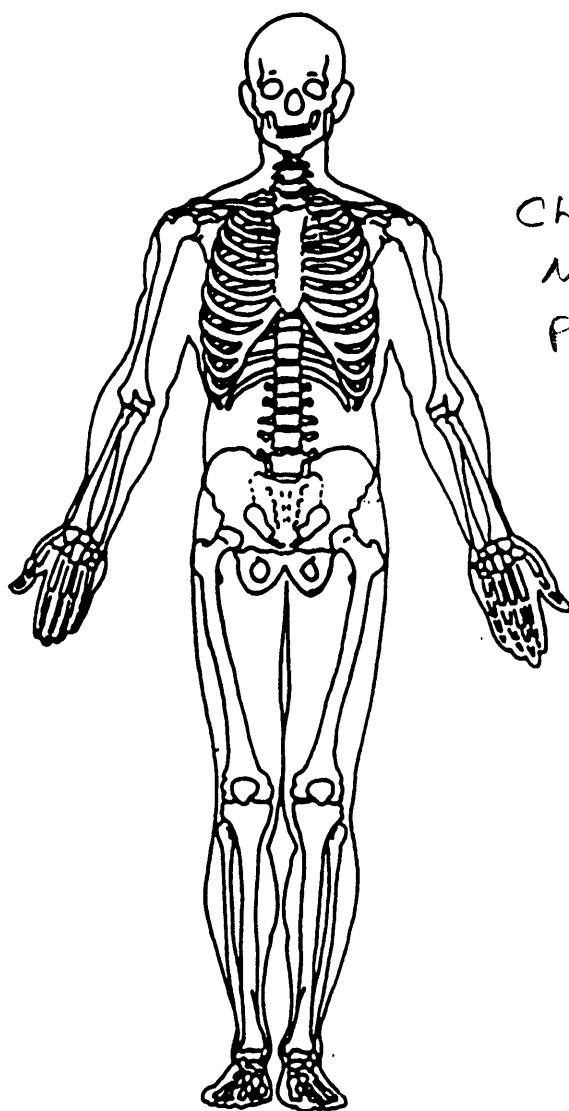
Dx: Contusion
to chest
(ED)



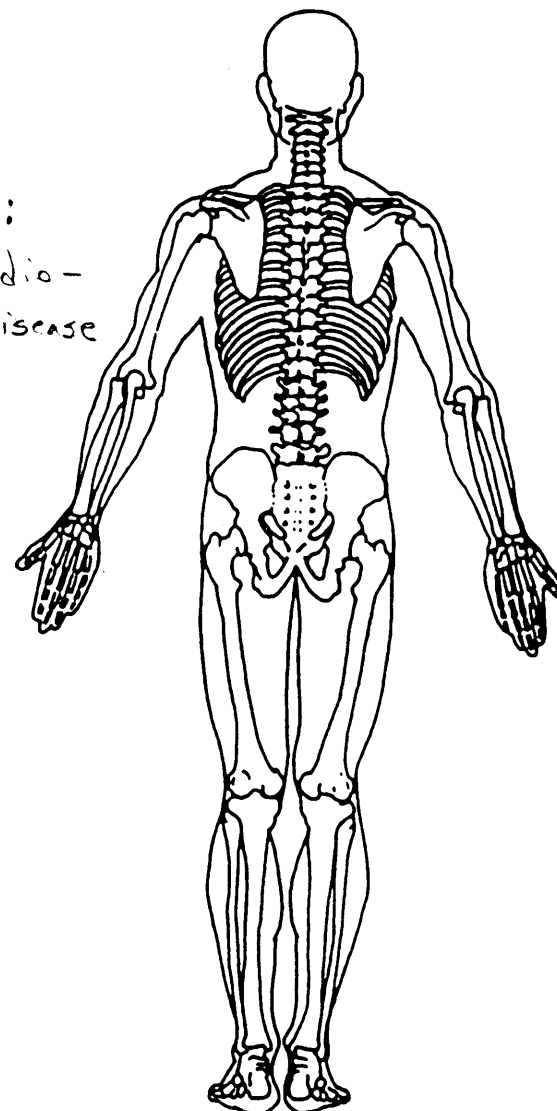
c/o pain in (L) leg
(EN)

OFFICIAL INJURY DATA — SKELETAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



Chest X-ray:
No acute cardio-
pulmonary disease
(Ex)



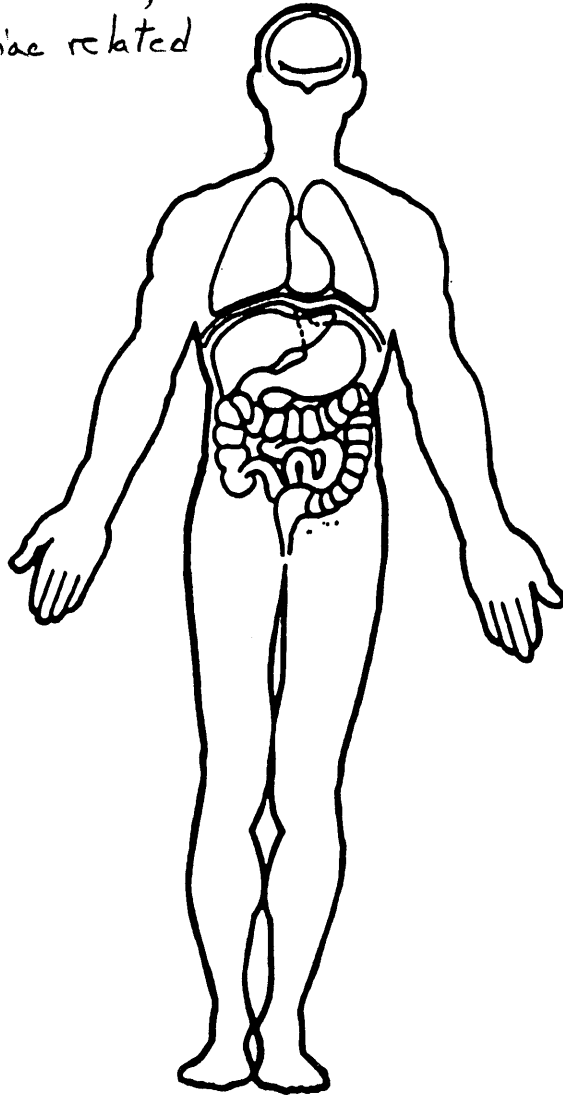
INJURY SOURCES

- FRONT**
- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____
- LEFT SIDE**
- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____
- RIGHT SIDE**
- (101) Right side interior surface, excluding hardware or armrests
- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____
- INTERIOR**
- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____
- AIR BAG**
- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry
- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify) _____
- (195) Other air bag compartment cover (specify) _____
- ROOF**
- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- FLOOR**
- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake
- REAR**
- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____
- ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT**
- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof
- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____
- EXTERIOR of OCCUPANT'S VEHICLE**
- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects
- EXTERIOR OF OTHER MOTOR VEHICLE**
- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle
- OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT**
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object
- NONCONTACT INJURY**
- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA —INTERNAL INJURIES

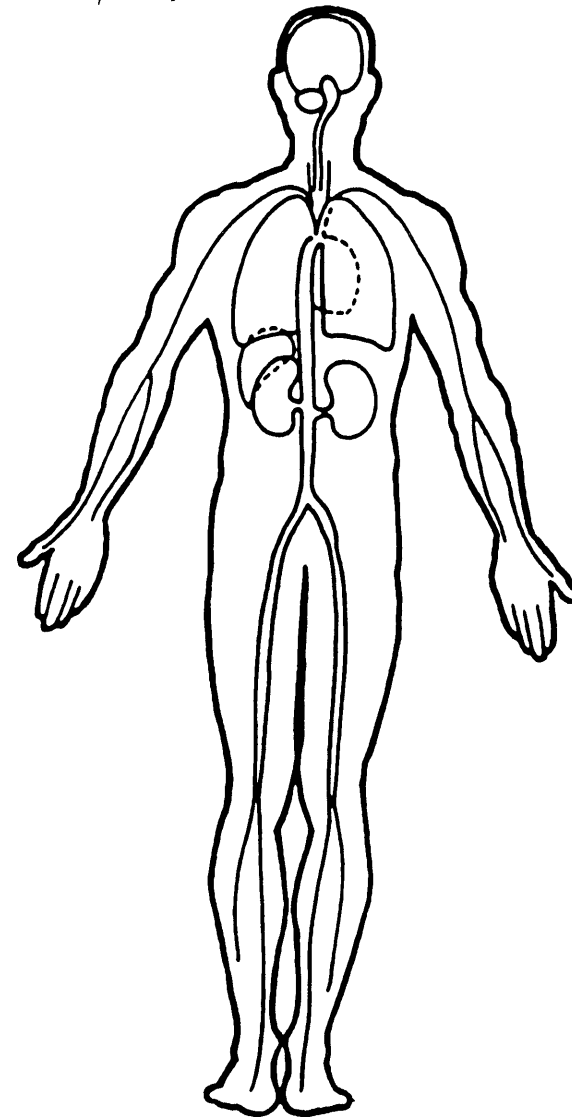
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Apprehensive, would not remain seated, unknown if cardiac related (ET)



• ϕ LOC
(EN, TF)

• A x O x 3 (ET)



CAUSE OF DEATH

ICD-9-CM

922.1 Contusion of chest wall (ER)

E812.1 MVA involving passenger (ER)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

TF = Emergency Department Trauma Flow Sheet

FAMILY ☐ YES
HERE? ☐ NO

CHRONIC ILLNESSES						RX ALLERGIES						CURRENT RX					
<input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Liver Disease <input type="checkbox"/> Lung Disease <input type="checkbox"/> Stomach Disease <input type="checkbox"/> Blood Disease <input type="checkbox"/> Bone Disease <input type="checkbox"/> Skin Disease <input type="checkbox"/> Other						<input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfas <input type="checkbox"/> Tetracycline <input type="checkbox"/> Chloramphenicol <input type="checkbox"/> Streptomycin <input type="checkbox"/> Gentamicin <input type="checkbox"/> Neomycin <input type="checkbox"/> Polymyxin B <input type="checkbox"/> Bacitracin <input type="checkbox"/> Vancomycin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Clindamycin <input type="checkbox"/> Cephalosporins <input type="checkbox"/> Carbapenems <input type="checkbox"/> Glycopeptides <input type="checkbox"/> Antifungals <input type="checkbox"/> Antivirals <input type="checkbox"/> Immunosuppressants <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Hormones <input type="checkbox"/> Vitamins <input type="checkbox"/> Minerals <input type="checkbox"/> Herbal Products <input type="checkbox"/> Other						None					
TIME		TEMP		PULSE	RESP.	B.P.	DATE OF LAST EXAMINATION	NURSING ASSESSMENT									
				80	18	140/90		Vaginal intercourse per vagina (P) near seat of vehicle Killed in MVC. O LOC. Page de hit back of patient and broken legs of other. No pain in ribs and legs. NURSE [REDACTED]									
C. Transported Missouri passenger wound to PTH in A chest - bilateral																	
© Hit by car Missouri I saw with my Missouri - 922.1 concern to chest 6812.1																	
Return Home Rules 2-3 M motor on hair																	
PHYSICIAN(S)																	
CONSENT TO TREATMENT AND RELEASE OF MEDICAL INFORMATION: The undersigned hereby authorizes the hospital staff to administer those procedures deemed necessary by the emergency described herein, and in conjunction therewith to release any information on this report, and any medical or other records relating to the said patient's admission, confinement, and treatment in the hospital, to any physician, whether on the staff or certifying that he is treating said patient, to any health care agency or similar organization providing care to said patient, to any insurance company or other organization which provides medical or other insurance protection to said patient or his family or to any group of which said patient is a member or to such other parties as I may designate in writing.																	
ASSIGNMENT OF INSURANCE BENEFITS: In consideration for the rendering of services to the below named patient by the undersigned, I hereby assign any insurance benefits which cover treatment and/or admission directly to the patient or any attending physicians. I further understand that I remain responsible for the payment of my bill at any time after my bill becomes due and payable.																	
PATIENT/ GUARDIAN [REDACTED] WITNESS [REDACTED]																	
INSURED PERSON, IF OTHER THAN PATIENT [REDACTED]																	
ADMITTED TO ROOM NO. [REDACTED] TIME [REDACTED] REPORT GIVEN TO FLOOR [REDACTED] NAME [REDACTED] INITIALS [REDACTED] REGISTRATION DATE & TIME [REDACTED]																	
DISCHARGE TIME [REDACTED] CONDITION ON DISCHARGE [REDACTED] STABLE [] UNCHANGED [] IMPROVED [] OTHER [] INSTRUCTIONS [REDACTED]																	
PATIENT NAME & ADDRESS [REDACTED] NEXT OF KIN NAME & ADDRESS [REDACTED] PHONE NO. [REDACTED] TRUCK STOP MO																	
BROUGHT BY [REDACTED] 48 M M PP FO MO																	
INSURANCE INFORMATION																	
GUARANTOR INFORMATION																	
PRIVATE PAY																	
TRUCK STOP																	

X-RAY REPORT

FAMILY NAME [REDACTED] Missouri		FIRST NAME [REDACTED]	MIDDLE NAME [REDACTED]	ROOM NO. [REDACTED]	HOSP. NO. [REDACTED]
NAME - PART [REDACTED]		SEX (M) F	AGE - YFARC 48	X-RAY NO. [REDACTED]	
ATTENDING PHYSICIAN [REDACTED]			DATE [REDACTED]-96	O.P.D. NO. [REDACTED]	

REPORT:

[REDACTED] /96

CHEST

Two views of the chest.

The heart is within normal limits in size, but the lungs are clear and no infiltrate is seen. The costophrenic angles are sharp and no pleural fluid is identified. The mediastinum is within normal limits in width. No pneumothorax is seen.

IMPRESSION

1. No acute cardiopulmonary disease.

[REDACTED]
[REDACTED] 1996_____
SIGNATURE OF RADIOLOGIST

Time Arrived		Arrived By <i>amb</i>		Name		Age <i>48</i>	
Last Tetanus <i>>10yr</i>		Allergies <i>none</i>		Medications <i>none</i>			
History: <i>Reports restrained passenger in back seat of head on MVC. Was thrown into back of front seat and hit knee on top of vehicle. LOC. C/O pain in chest and @leg</i>							
TREATMENT IN PROGRESS ON ARRIVAL						LMP:	
<input type="checkbox"/> Oral Airway	<input type="checkbox"/> E.T.	<input type="checkbox"/> Monitor	<input checked="" type="checkbox"/> Collar/Backboard	<input type="checkbox"/> Other _____			
<input type="checkbox"/> Nasal Airway	<input type="checkbox"/> E.O.A.	<input type="checkbox"/> Mast	<input type="checkbox"/> Pressure Dressing	_____			
<input type="checkbox"/> Oxygen	<input type="checkbox"/> CPR	<input checked="" type="checkbox"/> IV Therapy	<input type="checkbox"/> Splints	_____			
PRIMARY SURVEY		AIRWAY: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Obstructed		CIRCULATION: <input checked="" type="checkbox"/> Pulse Present			
BREATHING: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Apneic		<input type="checkbox"/> Cardiac Rhythm _____					
HEMORRHAGE: <input type="checkbox"/> None <input type="checkbox"/> Area _____							
NEURO: <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Responds to Verbal <input type="checkbox"/> Responds to Pain <input type="checkbox"/> Unresponsive							
SECONDARY SURVEY							
HEAD: <input checked="" type="checkbox"/> WNL		<input type="checkbox"/> Lacerations	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Contusions			
EYES OPEN: <input checked="" type="checkbox"/> Spontaneously		<input type="checkbox"/> To Verbal	<input type="checkbox"/> To Pain	<input type="checkbox"/> Do Not Open			
PUPILS: (R) <input checked="" type="checkbox"/> Reactive	<input type="checkbox"/> Dilated	<input type="checkbox"/> Constricted		<input type="checkbox"/> Equal			
(L) <input checked="" type="checkbox"/> Reactive	<input type="checkbox"/> Dilated	<input type="checkbox"/> Constricted					
NECK: <input checked="" type="checkbox"/> WNL		<input type="checkbox"/> Lacerations	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Tracheal Deviation			
SKIN: <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Warm		<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Clammy	<input type="checkbox"/> Diaphoretic			
CHEST <input type="checkbox"/> Lacerations	<input type="checkbox"/> Abrasions	<input type="checkbox"/> Contusions	<input type="checkbox"/> Penetrating Wnds	<input type="checkbox"/> Paradoxical Mvmt			
<input checked="" type="checkbox"/> Normal Breath Sounds		<input type="checkbox"/> Decreased	<input type="checkbox"/> (R) <input type="checkbox"/> (L)	<input type="checkbox"/> Absent	<input type="checkbox"/> (R) <input type="checkbox"/> (L)		
ABD/PELVIS: <input type="checkbox"/> Lacerations <input type="checkbox"/> Abrasions <input type="checkbox"/> Contusions		<input type="checkbox"/> Distended	<input type="checkbox"/> Rigid	<input type="checkbox"/> Tender			
<input checked="" type="checkbox"/> Bowel Sounds <input type="checkbox"/> Absent <input type="checkbox"/> Present							
EXTREMITIES		(L) ARM	(R) ARM	(L) LEG	(R) LEG		
Lacerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Contusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Deformity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Paresthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PULSES: (L) <input checked="" type="checkbox"/> Radial <input checked="" type="checkbox"/> Pedal <input type="checkbox"/> Femoral							
(R) <input checked="" type="checkbox"/> Radial <input checked="" type="checkbox"/> Pedal <input type="checkbox"/> Femoral							
SPINE/BACK <input type="checkbox"/> Deformity <input type="checkbox"/> Abrasion <input type="checkbox"/> Contusion							
<input type="checkbox"/> Other:							
MEDICATIONS							
Time	Med	Dose	Route	Signature			
INTAKE (PO,IV)				OUTPUT (URINE,NG,CT,ETC)			
Time	Type	Amount	Time	Type	Trait	Amount	

TRAUMA SCORING		TIMES										NOTES
GLASGOW COMA SCALE												
EYE OPENING: Spontaneous(4) To Voice(3) To Pain(2) None(1)		4										
VERBAL RESPONSE Oriented(5) Confused(4) Inappropriate Words(3) Incomprehensible Words(2) None(1)		5										
MOTOR RESPONSE: Obeys(6) Purposeful(5) Withdraws(4) Flexion(3) Extension(2) None(1)		4										
GLASGOW TOTAL -		13										
A. GLASGOW COMA SCORE 13-15- 4 . 9-12- 3 . 6-8- 2 . 4-5- 1 . 3- 0		4										
B. RESPIRATORY RATE: 10-29- 4 . 29- 3 . 6-9- 2 1-5- 1 . 0- 0		4										
C. SYSTOLIC BLOOD PRESSURE 89- 4 . 76-89- 3 . 50-75- 2 1-49- 1 . 0- 0		4										
REVISED TRAUMA SCORE (Add A+B+C)		12										
PUPILS: B-Brisk S-Sluggish F-Fixed D-Dilated C-Constricted												
RIGHT	Size	3										
	Response	B										
LEFT	Size	3										
	Response	B										
BLOOD PRESSURE												
TEMPERATURE												
PULSE												
RESPIRATIONS												
CAPILLARY REFILL		2 sec										
DISPOSITION		TIME:	TO:									
Report called to:												
Disposition of Belongings:												
ED Physician _____ Admitting _____												
Trauma Surgeon _____ Called _____ Arrive _____												
Ortho _____ Called _____ Arrive _____												
Neuro _____ Called _____ Arrive _____												
Other _____ Called _____ Arrive _____												
SB Removed per order _____ Time _____												
CC Removed per order _____ Time _____												
BE SURE FORM IS COMPLETED AND SIGNED												
R.N. SIGNATURE: _____												

MISSOURI AMBULANCE REPORTING FORM					BILLING INFORMATION																																																																																																																									
<div><div>9.6</div><div>Ambulance Service #</div><div>Vehicle License #</div><div>Ambulance Service Name</div></div>					<div>Guarantor's name (if different from patient)</div> <div>Relationship</div> <div>Address</div> <div>Phone #</div> <div>City</div> <div>State</div> <div>Zip Code</div> <div>Patient Social Security #</div> <div>Guarantor Social Security #</div> <div>Employer</div> <div>Insurance Company, Group & Policy Numbers</div> <div>Medicare #</div> <div>State</div> <div>Medicaid #</div> <div>State</div>																																																																																																																									
LOCATION OF PICKUP					ODOMETER																																																																																																																									
<div>Name of Hospital, Nursing Home, Clinic, or Street, Route, Highway #</div> <div>City</div> <div>County</div> <div>State</div> <div>Zip</div>					<div>At dispatch</div> <div>At scene</div> <div>At destination</div>																																																																																																																									
TYPE OF RUN		TIMES		PLACE OF INCIDENT																																																																																																																										
<div>TO SCENE</div> <div>Emergency response requested</div> <div>Non-emergency response (routine)</div> <div>FROM SCENE</div> <div>Life threatening, transported</div> <div>Urgent, transported</div> <div>Routine, transported</div> <div>Treated, transferred care</div> <div>Treated, transported by private vehicle</div> <div>Treated and released</div> <div>No treatment required</div> <div>Patient refused care and/or transport</div> <div>Dead at scene, not transported</div> <div>Cancelled</div> <div>No patient found</div> <div>Crank call</div>		<div>Call Received</div> <div>Unit Dispatched</div> <div>Unit En Route</div> <div>Arrive Location</div> <div>Arrive Patient</div> <div>Depart Location</div> <div>Arrive Destination</div> <div>Unit Available</div>		<div>Home</div> <div>Farm</div> <div>Mine/Quarry</div> <div>Industrial Place</div> <div>Recreation or Sport</div> <div>Street or Highway</div> <div>Public Building</div> <div>Residential Institution (hospital)</div> <div>Other</div> <div>Unspecified</div>																																																																																																																										
				PATIENT DESTINATION																																																																																																																										
				<div>Name of Hospital, Nursing Home, Clinic, Ambulance Service, Home, etc.</div> <div>City</div> <div>State</div> <div>Referring Physician</div> <div>Receiving Physician</div> <div>Driver or Pilot</div> <div>Attendant #1</div> <div>Attendant #2</div> <div>Person Receiving Patient</div> <div>Medical Control Name/Hospital</div>																																																																																																																										
				PRIOR CARE BY:																																																																																																																										
				<div>Ambulance Service</div> <div>Police</div> <div>Fire</div> <div>Medical Facility</div> <div>Bystander</div> <div>Other</div> <div>Family</div>																																																																																																																										
				Aid/Diagnostics/Treatment																																																																																																																										
				<div>ALS</div> <div>BLS</div> <div>Name</div>																																																																																																																										
PEDIATRIC TRAUMA SCORE COMPONENTS (P.T.S.)		REVISED TRAUMA SCORE COMPONENTS (R.T.S.)		PROTECTIVE EQUIPMENT																																																																																																																										
<div>Weight</div> <div>Airway</div> <div>Systolic Blood Pressure</div> <div>Central Nervous System</div> <div>Wounds</div> <div>Fractures</div> <div>TOTAL P.T.S.</div>		<div>Systolic Blood Pressure</div> <div>Respiratory Rate</div> <div>Glasgow Coma Score</div> <div>Eye Opening</div> <div>Best Verbal Response</div> <div>Best Motor Response</div> <div>TOTAL R.T.S.</div>		<div>None</div> <div>Unknown</div> <div>Seat Belt</div> <div>Child Seat</div> <div>Air Bag</div> <div>Belt & Bag</div> <div>Helmet</div> <div>Other</div> <div>Not Applicable</div>																																																																																																																										
				FACTORS AFFECTING EMS																																																																																																																										
				<div>Adverse weather</div> <div>Adverse road conditions</div> <div>Traffic problems</div> <div>Unsafe scene</div> <div>Language barrier</div> <div>Extrication >20 minutes</div> <div>Hazardous materials</div> <div>Crowd control</div> <div>Med. Control failure</div> <div>Other</div> <div>Not applicable</div>																																																																																																																										
				TREATMENT AUTHORIZATION																																																																																																																										
				<div>On-line (radio/telephone)</div> <div>On-scene</div> <div>Protocol</div> <div>Written orders (patient specific)</div> <div>Orders refused</div> <div>Unknown</div> <div>Not applicable</div>																																																																																																																										
TRAUMA ASSESSMENT		ILLNESS ASSESSMENT		DESTINATION DETERMINATION																																																																																																																										
<div>(circle boxes that apply)</div> <table><thead><tr><th></th><th>Amputation</th><th>Burn</th><th>Crush</th><th>Dislocation/FX</th><th>Blunt</th><th>Gunshot</th><th>Laceration</th><th>Puncture/Stab</th><th>Pain</th><th>Soft Tissue</th></tr></thead><tbody><tr><td>Head</td><td>00</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr><tr><td>Face/Eye/Ear</td><td>01</td><td>11</td><td>21</td><td>31</td><td>41</td><td>51</td><td>61</td><td>71</td><td>81</td><td>91</td></tr><tr><td>Neck</td><td>02</td><td>12</td><td>22</td><td>32</td><td>42</td><td>52</td><td>62</td><td>72</td><td>82</td><td>92</td></tr><tr><td>Spine</td><td>03</td><td>13</td><td>23</td><td>33</td><td>43</td><td>53</td><td>63</td><td>73</td><td>83</td><td>93</td></tr><tr><td>Thorax</td><td>04</td><td>14</td><td>24</td><td>34</td><td>44</td><td>54</td><td>64</td><td>74</td><td>84</td><td>94</td></tr><tr><td>Abdomen/Pelvic Contents</td><td>05</td><td>15</td><td>25</td><td>35</td><td>45</td><td>55</td><td>65</td><td>75</td><td>85</td><td>95</td></tr><tr><td>Upper Arm/Shoulder</td><td>06</td><td>16</td><td>26</td><td>36</td><td>46</td><td>56</td><td>66</td><td>76</td><td>86</td><td>96</td></tr><tr><td>Lower Arm/Hand/Elbow</td><td>07</td><td>17</td><td>27</td><td>37</td><td>47</td><td>57</td><td>67</td><td>77</td><td>87</td><td>97</td></tr><tr><td>Upper Leg/Hip</td><td>08</td><td>18</td><td>28</td><td>38</td><td>48</td><td>58</td><td>68</td><td>78</td><td>88</td><td>98</td></tr><tr><td>Lower Leg/Foot/Knee</td><td>09</td><td>19</td><td>29</td><td>39</td><td>49</td><td>59</td><td>69</td><td>79</td><td>89</td><td>99</td></tr></tbody></table> <div>Cause of Injury</div>			Amputation	Burn	Crush	Dislocation/FX	Blunt	Gunshot	Laceration	Puncture/Stab	Pain	Soft Tissue	Head	00	10	20	30	40	50	60	70	80	90	Face/Eye/Ear	01	11	21	31	41	51	61	71	81	91	Neck	02	12	22	32	42	52	62	72	82	92	Spine	03	13	23	33	43	53	63	73	83	93	Thorax	04	14	24	34	44	54	64	74	84	94	Abdomen/Pelvic Contents	05	15	25	35	45	55	65	75	85	95	Upper Arm/Shoulder	06	16	26	36	46	56	66	76	86	96	Lower Arm/Hand/Elbow	07	17	27	37	47	57	67	77	87	97	Upper Leg/Hip	08	18	28	38	48	58	68	78	88	98	Lower Leg/Foot/Knee	09	19	29	39	49	59	69	79	89	99	<div>Abdominal pain/problems</div> <div>Airway obstruction</div> <div>Allergic reaction</div> <div>Altered level consciousness</div> <div>Behavioral/psychiatric</div> <div>Cardiac arrest</div> <div>Cardiac rhythm disturbance</div> <div>Chest pain/discomfort</div> <div>Diabetic symptoms</div> <div>Hyperthermia</div> <div>Hypothermia</div> <div>Hypovolemia/shock</div> <div>Inhalation injury (toxic gas)</div> <div>Poisoning/drug ingestion</div> <div>Pregnancy/O.B. delivery</div> <div>Respiratory arrest</div> <div>Respiratory distress</div> <div>Seizure</div> <div>Smoke inhalation</div> <div>Stroke/CVA</div> <div>Syncopal/fainting</div> <div>Vaginal hemorrhage</div> <div>Other</div> <div>Unknown</div> <div>Not applicable (trauma)</div>		<div>Closest facility (none below)</div> <div>Patient/family choice</div> <div>Patient physician choice</div> <div>Managed care</div> <div>Law enforcement choice</div> <div>Protocol</div> <div>Specialty resource center</div> <div>On-line medical direction</div> <div>Diversion (name of hospital diverted from)</div> <div>Other</div> <div>Unknown</div> <div>Not applicable</div>	
	Amputation	Burn	Crush	Dislocation/FX	Blunt	Gunshot	Laceration	Puncture/Stab	Pain	Soft Tissue																																																																																																																				
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EMERGENCY/TRANSPORT, AUTHORIZATION & RELEASE

I, the undersigned, hereby authorize the Ambulance Service named on this form to provide emergency or non-emergency transportation and any medical treatment or services deemed necessary. By authorizing such treatment and/or transportation, I acknowledge that I am responsible for paying for all charges based on current billing rates, regardless of whether or not I personally requested ambulance service originally. I hereby assign to the ambulance service all my rights and benefits for ambulance services provided by any and all of my insurers and any third party agencies. I further authorize my insurers and any third party agencies to pay directly to the ambulance service whatever benefits or payments may be available for services rendered to me or my dependents by the ambulance service. I hereby authorize any holder of any medical, hospital, or other records or information about me or my dependents to release to the ambulance service, its intermediaries or other carriers, as well as to the ambulance service, any such information needed to determine insurance and other third party benefits payable for any services provided to me or my dependents by the ambulance service or for related services now or in the future.

Date / / Signature X Date / / Witness: X

PATIENT INFORMATION

Date of Birth

Age in Years

PRE-EXISTING CONDITION

Month Day Century Year

RACE: ☐ 1 Black ☐ 2 White ☐ 3 Other
☐ 4 Hispanic ☐ 5 Indian ☐ 6 Asian

SEX: ☐ 1 Male ☐ 2 Female Weight (lbs)

- ☐ 1 Behavioral/Psych. ☐ 20 Hypertension
☐ 2 Blood disorder ☐ 21 Neuro/Seizure/PTA
☐ 3 Cardiac ☐ 22 Respiratory
☐ 4 Cancer ☐ 23 Other
☐ 5 Communicable Disease ☐ 24 Unknown
☐ 6 Diabetes ☐ 25 None
☐ 26 Dialysis/Renal failure

TIME	B.P.	P.	P.	SaO2	TIME	MEDICATION	RT	DOSAGE	FLUIDS	IN (ml)	OUT (ml)
	140/60	130	60			2		10	Blood		
						IV NS			IV Fluids		
									Oral Fluids		
									Emesis		
									Urine		
									TOTALS		

ONSET - Date / / Time : : Personal Protection equipment utilized ☐

Chief Complaint

MI/CC
 Presenting chief complaint is 45 year old male involved in MVC. Patient is conscious, alert, and oriented. Chief complaint is chest pain. Patient is apprehensive, would not remain seated. Unknown if Cardiac Related.

PHYSICAL EXAM: HEENT clear. PERRL. JVD(-) (chest) Symmetrical. Lungs (CTA) clear. ABD soft. Non-tender. Pelvic + extremities intact. Distal pulse present. Skin warm, moist. Pink. Good range of motion x4.

R/O CP. Cardio pulmonary?

Imaging: CXR, y. h. l. s. can be done. O2. IV NS TKO. (2) Wrist 18g. Suture Transport.

Aeds

Allergies

DIAGNOSTIC/TREATMENT

- Alt. ☐ 02 Bag mask/Demand valve
☐ 04 Bleeding controlled
☐ 06 Blood Specimen drawn
☐ 08 CPR
☐ 10 Cardiac pacing # mA
☐ 12 Cardioversion
 / / watts/sec # attempts
☐ 14 Craniotomy
☐ 16 Defibrillation
 / / watts/sec # attempts

- Alt. ☐ 17 Doppler
☐ 19 Drug administered
☐ 21 Oral tracheal or Nasal tracheal tube # attempts
☐ 23 Oral tracheal or Nasal tracheal tube failed # attempts
☐ 25 Other airway
☐ 27 EKG monitor
☐ 29 Extremity splint
☐ 31 Extrication
☐ 33 Rapid extrication
☐ 35 Glucose test mg/dl

- Alt. ☐ 37 Hemodynamic monitor
☐ 39 IV administered #
☐ 41 IV failed
☐ 43 IV maintained
☐ 45 Infusion pump rpm
☐ 47 Intraosseous infusion #
☐ 49 Isolette FiO2
☐ 51 Mechanical ventilator
☐ 53 N.G. tube
☐ 55 O.B. delivery

- Alt. ☐ 57 Oxygen by cannula lpm
☐ 59 Oxygen by mask lpm
☐ 61 P.C.P.D. applied
☐ 63 Pulse oximetry
☐ 65 Restraints
☐ 67 Spinal immobilization
☐ 69 Suction airway
☐ 71 Thoracentesis
☐ 73 Stretcher
☐ 75 Other